HCFA DATA COMPENDIUM

HEALTH CARE FINANCING ADMINISTRATION
FISCAL YEAR 1989

FOREWORD

This compendium was prepared for HCFA's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It was compiled by the Division of Information Analysis, Office of Statistics and Data Management, with major contributions from various Bureaus and Offices in the Health Care Financing Administration.

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Director
Bureau of Data Management
and Strategy

February 1988

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I. BUDGET OVERVIEW

Information about HCFA relative to the federal and DHHS budgets.

HCFA AND TOTAL FEDERAL DISBURSEMENTS

	FY 1987 Actual	FY 1988 Proposed Law	FY 1989 Proposed Law	FY 1989 Current Law
	(in billions)			
Total Federal Budget 1/	$1,000.6	$1,055.9	$1,094.2	NA
Department of Health and Human Services 1/	351.3	375.1	396.8	NA
Percent of Federal Budget	35.0	35.5	36.3	--
HCFA Budget				
Medicare Benefit Payments	$79.7	$85.6	$92.0	$93.3
Medicaid Medical Assistance Payments	26.0	29.1	31.1	31.1
State and Local Administration/Training	1.4	1.6	1.7	1.7
HCFA Program Management	1.4	1.4	1.7	1.7
Other Administrative Expenses	0.5	0.6	0.6	0.6
Peer Review Organizations (PROs)	0.2	0.2	0.3	0.3
Total (unadjusted) 2/	109.2	118.4	127.3	128.6
Offsetting and Proprietary Receipts	-6.5	-8.8	-10.5	-10.6
Total Net of Offsetting and Proprietary Receipts 1/	102.7	109.6	116.8	118.1
Percent of Federal Budget	10.2	10.4	10.7	--

1/ Does not include off-budget entities, net of offsetting receipts.
2/ Figures may not add to total, due to rounding.

Source: HCFA/OMB

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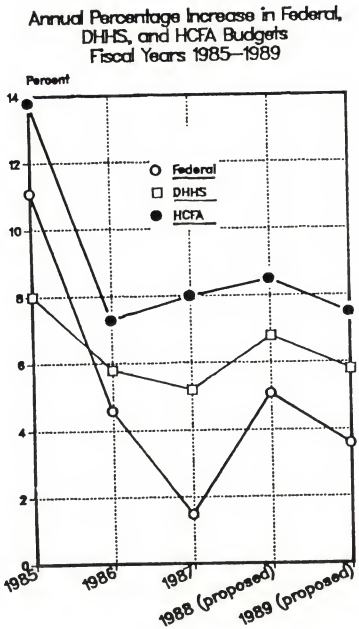
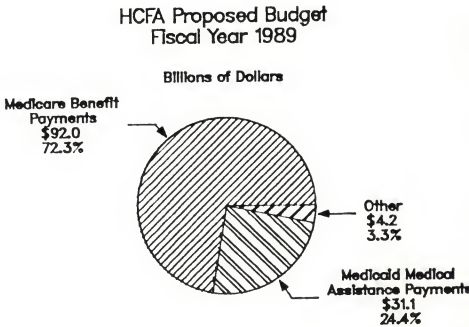

Annual Percentage Increase in Federal, DHHS, and HCFA Budgets
Fiscal Years 1985–1989
Percent
14
12
10
8
6
4
2
0
Federal
DHHS
HCFA
1985
1986
1987
1988 (proposed)
1989 (proposed)


HCFA Proposed Budget
Fiscal Year 1989
Billions of Dollars
Medicare Benefit Payments
$92.0
72.3%
Other
$4.2
3.3%
Medicaid Medical Assistance Payments
$31.1
24.4%

PROGRAM BENEFIT PAYMENTS/TRENDS

Fiscal Year	Total		Medicare		Medicaid 1/	
	Amount	Percent Change	Amount	Percent Change	Amount	Percent Change
	(dollars in millions)					
Historical						
1980	$58.0	--	$33.9	--	$24.0	--
1981	69.7	20.2	41.3	21.8	28.4	18.3
1982	79.5	14.1	49.1	18.9	30.3	6.7
1983	88.9	11.8	55.6	13.2	33.3	9.9
1984	96.6	8.7	60.9	9.5	35.6	6.9
1985	108.6	12.4	69.5	14.1	39.1	9.8
1986	116.3	7.1	74.0	6.5	42.3	8.2
Budget						
Current law						
1987	126.6	8.9	79.7	7.7	46.8	10.6
1988	137.9	8.9	85.6	7.4	52.3	11.8
1989	149.2	8.2	93.3	9.0	55.9	6.9
Proposed law						
1987	126.6	8.9	79.7	7.7	46.8	10.6
1988	137.9	8.9	85.6	7.4	52.3	11.8
1989	147.9	7.3	92.0	7.5	55.9	6.9

1/ Federal and State combined. Historic data are expenditures (computable medical assistance payments as reported on HCFA-64 and predecessors). Budget data are preliminary estimates of outlays as reported on the HCFA-25 and modified by OMB for legislation and other initiatives.

NOTE: Percent change based on rounded numbers.

Source: HCFA/OACT for historic data and OMB for budget data.

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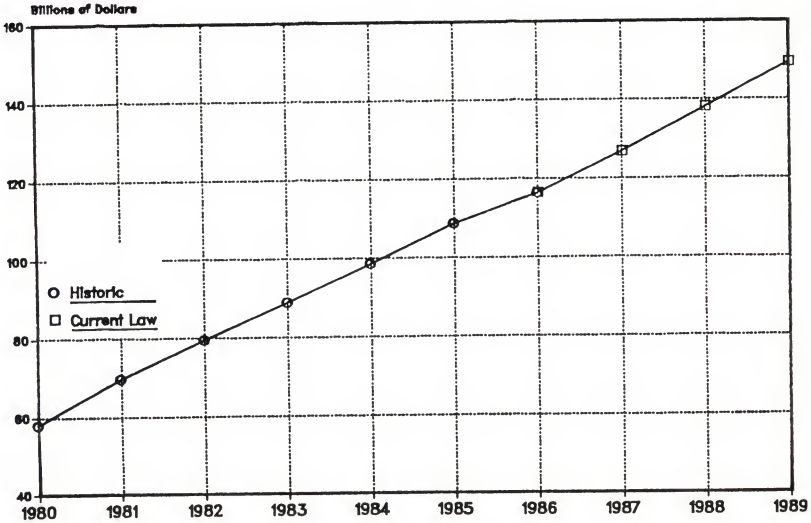
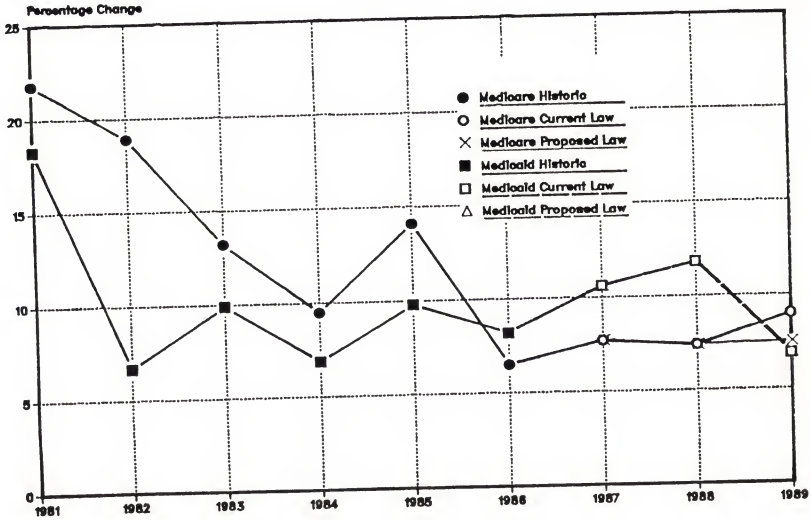
Trends in Program Benefit Payments
1980–1989



Percent Change in Program Benefit Payments
1981 – 1989



II. PROSPECTIVE PAYMENT SYSTEM (PPS) ACTIVITY

MEDICARE HOSPITAL STATUS UNDER THE PROSPECTIVE PAYMENT SYSTEM
FY 1988

Total hospitals[1]			6,683
Hospitals under PPS			5,600
Hospitals receiving special consideration under PPS			
Regional referral centers	186		
Sole community hospitals	361		
Total		547	
			1,083
Non-PPS hospitals			
Categorically exempt			
Psychiatric	579		
Rehabilitation	87		
Alcohol/Drug[2]	17		
Long Term	88		
Children's	56		
Christian Science	22		
Total		849	
Short-stay hospitals in waiver States or demonstrations		163	
Short-stay hospitals in outlying areas[3]		63	
Cancer hospitals		8	
Excluded units			
Psychiatric	969		
Rehabilitation	525		
Alcohol/Drug[2]	325		
Total		1,819	

[1]Excludes 57 separate cost entities (0900 series) associated with multi-unit complexes for which type of facility (that is, short-stay vs long-stay) is not available from the Provider of Service File.
[2]Effective with cost reporting periods beginning on or after 10/01/87, all alcohol/drug hospitals and units will be included under PPS.
[3]Short-stay inpatient hospitals in Puerto Rico will be included under PPS as of 10/1/87.

SOURCE: HCFA/BERC/HSQB/BDMS

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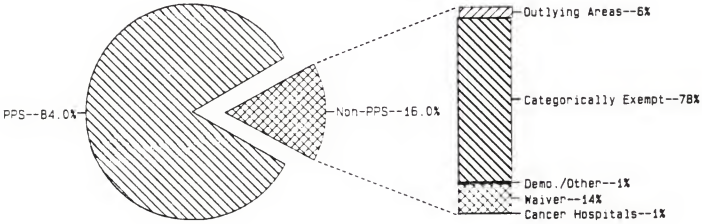
Medicare Participating Hospitals by PPS Status and Exclusion Category as of September 1987



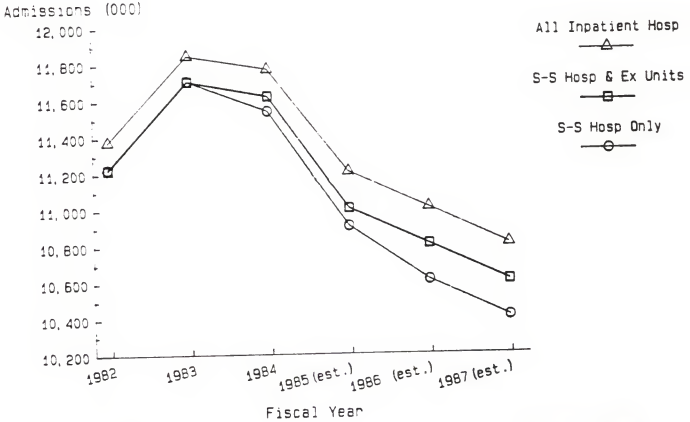
6,683 Hospitals

1,083 Hospitals by Exclusion Category

MEDICARE INPATIENT HOSPITAL ADMISSIONS/TRENDS

Fiscal Year	All Inpatient Hospital Admissions and Transfers		Short-Stay Hospital and Excluded Unit Admissions		Short-Stay Hospital Admissions Only	
	Number (000)	Percent Change	Number (000)	Percent Change	Number (000)	Percent Change
1982	11,369	-	11,218	-	11,218	-
1983	11,841	4.2	11,702	4.3	11,702	4.3
1984	11,766	-0.6	11,618	-0.7	11,534	-1.4
1985[1]	11,200	-4.8	11,000	-5.3	10,900	-5.5
1986[1]	11,000	-1.8	10,800	-1.8	10,600	-2.8
1987[1]	10,800	-1.8	10,600	-1.9	10,400	-1.9

[1]Estimated



Source: HCFA/BDMS

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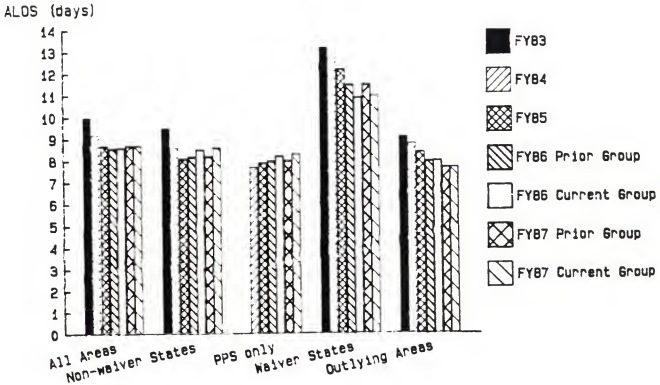
Medicare Short-Stay Hospital
Average Length of Stay
Fiscal Years 1983-1987

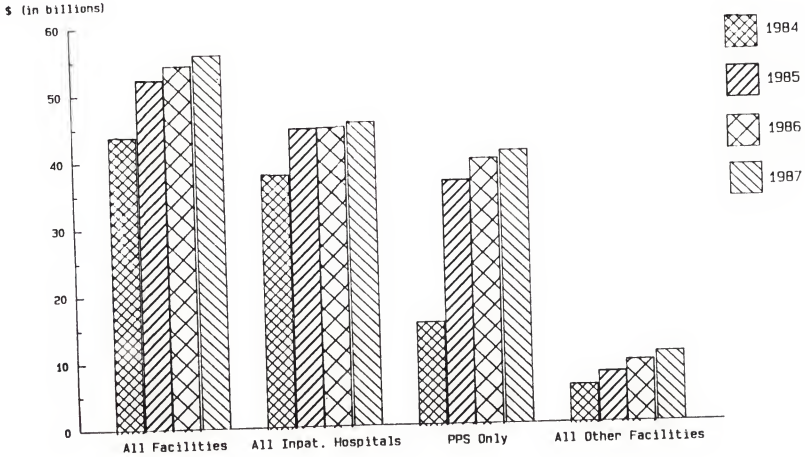
				1986		1987	
	1983	1984	1985	Prior Grouping	Current Grouping	Prior Grouping	Current Grouping
All Areas	10.0	9.2	8.7	8.6	8.6	8.7	8.7
Non-waiver States	9.5	8.6	8.1	8.2[2]	8.5[3]	8.2[2]	8.6[3]
PPS only[1]	---	7.7	7.9	8.0	8.2	8.0	8.3
Waiver States	13.2	12.7	12.2	11.5[4]	10.9[5]	11.5[4]	11.0[5]
Outlying Areas	9.1	8.8	8.4	8.0	8.0	7.7	7.7

[1]Discharge bills for stays that overlap a hospital's transition into PPS may include only that portion of the stay actually covered by PPS. Average length of stay may differ from that based on entire stays.
[2]Based on grouping of original 46 non-waiver States and D.C..
[3]Includes utilization for MA & NY with original non-waiver States.
[4]Based on grouping of original 4 waiver States (MD, MA, NJ, NY).
[5]Based on grouping of current waiver States (MD & NJ).



NOTE: Based on discharge bills and may differ from data derived from MEDPAR stay records

Medicare PPS Benefit Payment Trends
FY 1984 - FY 1987



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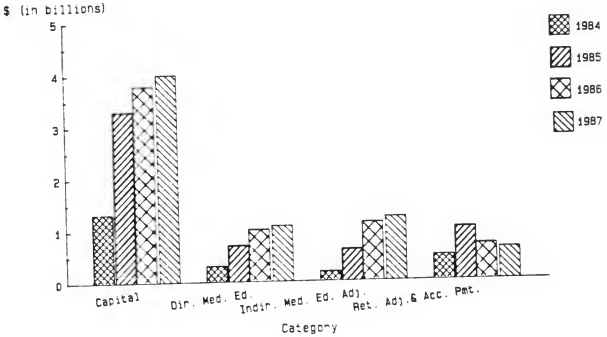
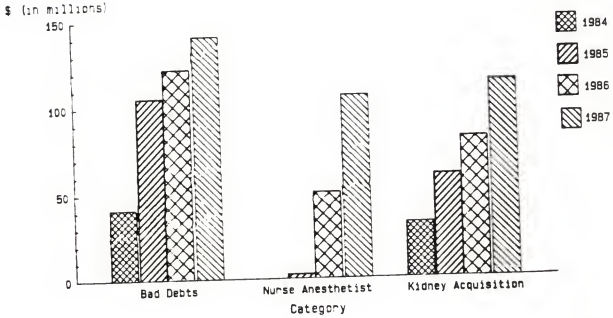
Source: Intermediary Benefit Payment Report

Non-Billing PPS Reimbursement By Category
FY 1984 - FY 1987





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Source: Intermediary Benefit Payment Report

MEDICARE PROSPECTIVE PAYMENT SYSTEM/DRG RANKING--PPS BILLS

FY 87 Rank	FY 86 Rank	DRG No.	DRG Relative Weight	FY 87 Discharges	FY 87 Percent	FY 87 Average Length of Stay	FY 87 Average Reimbursement* Per Discharge
Total				7,519,592	100.0%	8.3	$3,573
1	1	127	1.0098	406,101	5.4	8.0	2,778
2	2	089	1.1657	288,691	3.8	8.9	3,112
3	3	140	0.6894	287,408	3.8	4.9	1,643
4	4	014	1.3143	251,115	3.3	10.4	3,702
5	5	182	0.6032	225,811	3.0	5.9	1,426
6	8	096	0.8446	179,703	2.4	7.3	2,148
7	7	138	0.8136	173,581	2.3	5.7	2,093
8	6	296	0.8271	171,047	2.3	7.6	2,232
9	9	209	2.3925	145,954	1.9	13.2	7,131
10	10	336	0.9869	144,658	1.9	6.2	2,635
11	13	320	0.8626	130,124	1.7	8.2	2,272
12	11	015	0.6241	122,300	1.6	5.5	1,490
13	15	174	0.9073	120,324	1.6	6.8	2,398
14	14	243	0.6840	108,478	1.4	6.8	1,628
15	20	121	1.7687	103,833	1.4	10.9	4,869
16	17	122	1.3267	101,430	1.3	8.1	3,369
17	19	148	2.9401	99,769	1.3	16.3	9,199
18	12	088	1.0768	99,045	1.3	8.3	3,030
19	18	210	2.0317	98,982	1.3	14.4	5,981
20	16	468	2.4516	98,028	1.3	15.4	8,018
21	21	410	0.4284	94,464	1.3	3.3	1,372
22	30	079	1.9344	85,437	1.1	12.6	5,854
23	22	294	0.7454	81,058	1.1	7.6	1,887
24	26	125	0.7265	79,175	1.1	3.2	2,060
25	23	141	0.6187	76,720	1.0	5.3	1,534

* Billing reimbursement reflects DRG determined price plus outlier payments, if any, less beneficiary responsibility for deductible and coinsurance. Excluded are a prorated share of passthrough payments for capital, direct medical education, kidney acquisition, bad debts and nurse anesthetists and the indirect medical education and disproportionate share adjustments.

NOTE: Based on bills processed through September 1987.

MEDICARE PROSPECTIVE PAYMENT SYSTEM/DRG RANKING--PPS BILLS

FY 87 Rank	FY 86 Rank	DRG Number	Description
1	1	127	Heart Failure and Shock
2	2	089	Simple Pneumonia and Pleurisy, Age Over 69 and/or Complicating Conditions
3	3	140	Angina Pectoris
4	4	014	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks
5	5	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age Over 69 and/or Complicating Conditions
6	8	096	Bronchitis and Asthma, Age Over 69 and/or Complicating Conditions
7	7	138	Cardiac Arrhythmia and Conduction Disorders, Age Over 69 and/or Complicating Conditions
8	6	296	Nutritional and Miscellaneous Metabolic Disorders,Age Over 69 and/or Complicating Conditions
9	9	209	Major Joint and Limb Reattachment Procedures
10	10	336	Transurethral Prostatectomy, Age Over 69 and/or Complicating Conditions
11	13	320	Kidney and Urinary Tract Infections, Age Over 69 and/or Complicating Conditions
12	11	015	Transient Ischemic Attacks and Precerebral Occlusions
13	15	174	Gastrointestinal Hemorrhage, Age Over 69 and/or Complicating Conditions
14	14	243	Medical Back Problems
15	20	121	Circulatory Disorders with Acute Myocardial Infarction and Cardiovascular Complications, Discharged Alive
16	17	122	Circulatory Disorders with Acute Myocardial Infarction, without Cardiovascular Complications, Discharged Alive
17	19	148	Major Small and Large Bowel Procedures, Age Over 69 and/or Complicating Conditions
18	12	088	Chronic Obstructive Pulmonary Disease
19	18	210	Hip and Femur Procedures Except Major Joint, Age over 69 and/or Complicating Conditions
20	16	468	Unrelated O.R. Procedure
21	21	410	Chemotherapy
22	30	079	Respiratory Infections & Inflammations, Age Over 69 and/or Complicated Conditions
23	22	294	Diabetes, Age Over 35
24	26	125	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter without Complex Diagnosis
25	23	141	Syncope & Collapse, Age Over 69 and/or Complicating Conditions

Source: HCFA/BOMS

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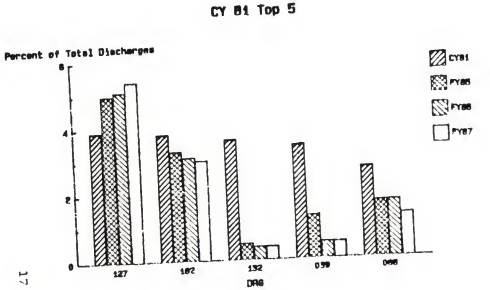
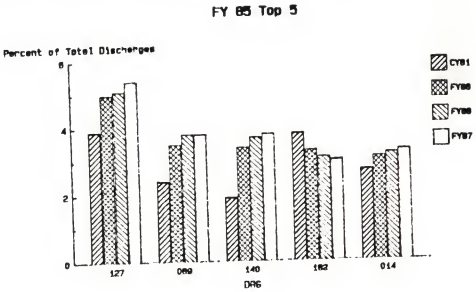
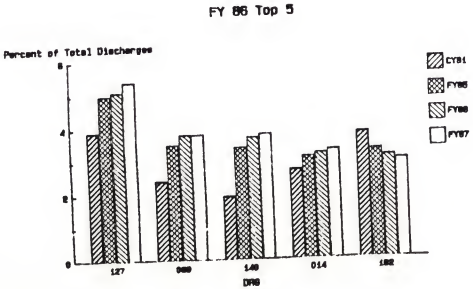
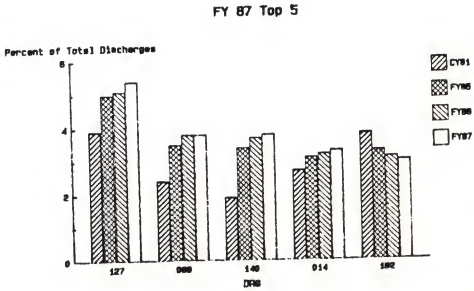
Trends in Top 5 DRGs for CY 81 and FY 85–FY 87









Narrative for Charted DRGs/CY 81, FY 85, FY 86, and FY 87

014 Specific Cerebrovascular Disorders Except Transient Ischemic Disorders

039 Lens Procedure with or without Vitrectomy

088 Chronic Obstructive Pulmonary Disease

089 Simple Pneumonia and Pleurisy, Age Over 69 and/or Complicating Conditions

127 Heart Failure and Shock

132 Atherosclerosis, Age Over 69 and/or Complicating Conditions

140 Angina Pectoris

182 Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age Over 69 and/or Complicating Conditions

Source: HCFA/BDMS

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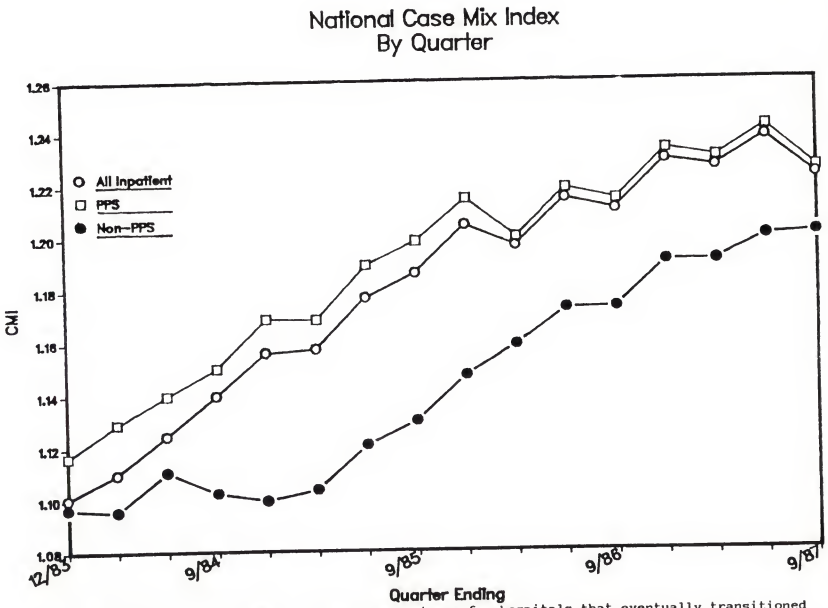

NOTE: CMI for Non-PPS includes: 1) pre-PPS experience for hospitals that eventually transitioned into PPS, 2) categorically exempt hospitals, 3) excluded units within PPS hospitals, 4) short-stay hospitals in waiver States or demonstrations, and 5) short-stay hospitals in outlying areas.

III. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, HCFA, the Department and the nation as a whole.

Health care spending is shown for HCFA programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.

HEALTH CARE SPENDING HIGHLIGHTS

- Spending for all health care amounted to $458.2 billion in 1986, or 10.9 percent of the Gross National Product (GNP).

- Combined Medicare and Medicaid spending accounted for 27.0 percent of total health care expenditures in 1986.

- The majority of Medicare expenditures are for hospital care. The majority of Medicaid expenditures are for long-term care.

National health expenditures have grown more rapidly than has the rest of the economy.

- Between calendar year 1980 and 1986, national health expenditures grew 10.8 percent per year.

- During the same period, the gross national product grew 7.5 percent per year.

- National health expenditures have increased as a share of the gross national product, rising from 9.1 percent in calendar year 1980 to 10.9 percent in calendar year 1986.

Various factors affect the increases in health care expenditures.

- Personal health care expenditures increased from $219.7 billion in 1980 to $404.0 billion in 1986.

- Population growth has continued to contribute about the same proportion of the increase in personal health expenditures.

- Price inflation (including medical care and general price inflation) continues to be the major factor.

- For the overall period of 1980 to 1985, factors other than price or population-for example, more intensive utilization per person, changes in the types of care rendered, technological advances-are, as a whole, a decreasing proportion of the increase in personal health care expenditures. From 1985 to 1986, the proportion contributed by these factors was about the same as in the 1975-1980 period. Based on preliminary estimates for 1987, "other factors" are contributing a growing proportion of the increase in expenditures from 1986.

The composition of health spending has shifted toward hospital and nursing home care.

- In calendar year 1965, before the implementation of Medicare and Medicaid, hospital care accounted for 33.3 percent of national health expenditures, and nursing home care accounted for another 4.9 percent.

- By calendar year 1986, hospital care consumed 39.2 percent of the health dollar and nursing home care accounted for another 8.3 percent.

- During the same period, expenditures for research and construction dropped from 8.4 percent of the total to 3.5 percent.

Medical care price indexes continue to increase at a faster rate than the all item Consumer Price Indexes.

- In recent years, changes in the CPI for all items have lagged considerably behind those physicians' and hospital services.

- In 1987, the CPI for all items increased 2.9 percent from the preceding year compared to 7.6 percent for physicians' services and 7.3 percent for hospital rooms.

Employment, hours, and earnings in health care establishments have generally grown faster than in the general economy, and are less vulnerable to the business cycle. However, this trend was reversed in 1984. The relationship has since returned to the more normal pattern.

- Work hours in nonagricultural establishments increased 2.2 percent between 1986 and 1987 compared to an increase of 4.3 percent for health care establishments over the same period.

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HCFA BENEFIT PAYMENTS/MAJOR PROGRAM SERVICE CATEGORIES - FY 1986

Type of Service	Total Program Payments		Medicare 1/		Medicaid 2/	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
	(in millions)					
Total	$115,214	100.0%	$ 74,187	100.0%	$41,027	100.0%
Inpatient Hospital	57,674	50.1	46,193 3/	62.3	11,481	28.0
Skilled Nursing Facilities	6,224	5.4	568	0.8	5,656	13.8
Other Nursing Home	11,862	10.3	--	--	11,862	28.9
Home Health	3,618	3.1	2,266	3.1	1,352	3.3
Physician Services	22,054	19.1	19,506 4/	26.3	2,548	6.2
Outpatient	6,908	6.0	4,925 5/	6.6	1,983	4.8
Clinic	810	0.7	5/	--	810	2.0
Prescribed Drugs	2,692	2.3	--	--	2,692	6.6
Other Care	3,373	2.9	729 6/	1.0	2,644 7/	6.4

1/ Estimated.
2/ Vendor payments (Federal and State) from statistical reporting system; excludes premiums and capitation amounts.
3/ Includes PRO expenditures.
4/ Includes physicians, other practitioners, and Part B suppliers (total of $18,553 million), and group practice prepayment plans ($953 million).
5/ Covered clinic services are included under outpatient.
6/ Independently billing laboratory and hospice.
7/ Includes dental ($532 million), other practitioners ($252 million), laboratory and radiological services ($424 million), family planning services ($226 million), early periodic screening ($102 million), rural health clinic services ($10 million), and other care ($1,098 million).

Source: HCFA/OACT

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MEDICARE/TRUST FUND PROJECTIONS

	FY 1987	FY 1988	FY 1989
	(amounts in millions)		
HI Disbursements 1/	$50,803	$52,484	$55,782
HI Administrative Expenses 2/	999	1,012	1,185
HI Benefit Payments	49,804	51,472	54,597
Aged	44,323	45,832	48,641
Disabled	5,481	5,640	5,956
SMI Disbursements 1/	30,837	35,173	40,026
SMI Administrative Expenses 2/	905	1,061	1,294
SMI Benefit Payments	29,932	34,112	38,732
Aged	26,346	30,450	34,712
Disabled	3,586	3,662	4,020

1/ Includes the effect of regulatory items and recent legislation but not proposed law.

2/ Includes the net of administrative costs, research, and PROs.

Source: HCFA/OMB

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MEDICARE/TYPE OF BENEFIT

- Medicare benefit payments for inpatient hospital care are projected to increase 9.4 percent from fiscal year 1987 to 1989.
- Physician and supplier payments under Medicare are expected to increase 25.5 percent from fiscal year 1987 to 1989.

	Benefit Payments 1/ (in millions)				Percentage Distribution
	FY 1986	FY 1987	FY 1988	FY 1989	FY 1989
Total HI 2/	$48,867	$49,804	$51,472	$54,597	100.0
Inpatient Hospital	46,042	46,697	48,250	51,083	93.6
Skilled Nursing Facility	568	591	616	670	1.2
Home Health Agency	2,222	2,453	2,516	2,724	5.0
Hospice	35	63	90	120	0.2
Total SMI	25,169	29,932	34,112	38,732	100.0
Physician/Other Suppliers	18,553	21,922	24,676	27,506	71.0
Outpatient	4,925	5,793	6,795	8,097	20.9
Home Health Agency	44	35	40	45	0.1
Group Practice Prepayment	953	1,336	1,626	1,952	5.0
Independent Laboratory	694	846	975	1,132	2.9

1/ Includes the effect of regulatory items and recent legislation but not proposed law.

2/ Excludes PRO expenditures.

NOTE: Benefits by type of service are estimated and are subject to change.

Source: HCFA/OACT for FY 1986 and OMB for FY 1987-1989

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MEDICAID/BASIS OF ELIGIBILITY

	Vendor Payments (in millions)				Percent Distribution
	FY 1983	FY 1984	FY 1985	FY 1986	FY 1986
Total	$32,391	$33,891	$37,508	$41,027	100.0
Aged	11,954	12,815	14,096	15,100	36.8
Blind	183	219	249	277	0.7
Disabled	11,184	11,758	13,203	14,647	35.7
AFDC - Children	3,836	3,979	4,414	5,136	12.5
AFDC - Adults	4,487	4,420	4,746	4,877	11.9
Other Title XIX	747	700	798	991	2.4

NOTE: Vendor payments exclude premiums and capitation amounts.

Source: HCFA/OACT/OMES/DMS

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MEDICAID/TYPE OF SERVICE

o Medicaid payments for medical services increased 5 percent from 1983 to 1984, 11 percent from 1984 to 1985, and 9 percent from 1985 to 1986.

	Vendor Payments (in millions)				Percent Distribution
	FY 1983	FY 1984	FY 1985	FY 1986	FY 1986
Total	$32,391	$33,891	$37,508	$41,027	100.0
Inpatient Services	9,746	9,892	10,645	11,481	28.0
General Hospitals	8,813	8,848	9,453	10,370	25.3
Mental Hospitals	933	1,042	1,192	1,111	2.7
ICF Services	9,460	10,079	11,247	11,861	28.9
Mentally Retarded	4,079	4,256	4,731	5,081	12.4
All Other	5,381	5,823	6,516	6,780	16.5
Skilled Nursing Facility Services	4,621	4,810	5,071	5,656	13.8
Physician Services	2,175	2,220	2,346	2,548	6.2
Prescribed Drugs	1,771	1,969	2,315	2,692	6.6
Outpatient Hospital Services	1,574	1,646	1,789	1,983	4.8
Dental Services	467	469	458	532	1.3
Home Health Services	597	774	1,120	1,352	3.3
Clinic Services	479	594	714	810	2.0
Other Practitioner Services	226	232	251	252	0.6
Laboratory and Radiological Services	184	207	337	424	1.0
Family Planning Services	156	164	195	226	0.6
Early and Periodic Screening	N/A	78	85	102	0.2
Rural Health Clinic Services	N/A	6	7	10	0.0
Other Care	936	754	928	1,098	2.7

NOTE: Vendor payments exclude premiums and capitation amounts.

Source: HCFA/OACT/OMES/DMS

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MEDICAID EXPENDITURES/TYPE OF SERVICE AND BASIS OF ELIGIBILITY - FY 1986

	Total Vendor Payments	Inpatient Hospital Services	Other Services	Long Term Care Services 1/
	Percentage Distribution			
All Groups	100.0	25.3	26.0	48.7
Aged (65 and over)	36.8	3.9	4.2	28.7
Blind and Disabled	36.4	8.9	8.5	19.0
Children (under 21)	14.9	7.0	6.9	1.0
AFDC-type Adults	11.9	5.5	6.3	0.1

1/ Includes services in mental facilities, SNF, ICF, ICF/MR, and home health services.

Source: HCFA/OACT/OMES/DMS

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HCFA BENEFIT PAYMENTS/MAJOR PERSONAL HEALTH EXPENDITURE SERVICE CATEGORIES - CY 1986

Type of Service 1/	Total Program Payments		Medicare		Medicaid	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
	(in billions)					
Total	$119.5	100.0	$76.0	100.0	$43.6	100.0
Hospital Care	67.5	56.5	51.7	68.0	15.8	36.3
Physicians' Services	22.9	19.2	19.0	25.0	3.9	9.1
Dentists' Services	0.5	0.4	-	-	0.5	1.2
Other Professional Services 2/	3.6	3.0	2.1	2.8	1.5	3.5
Drugs and Medical Sundries	2.9	2.4	-	-	2.9	6.6
Eyeglasses and Appliances	1.4	1.2	1.4	1.9	-	-
Nursing Home Care	16.4	13.7	0.6	0.8	15.8	36.3
Other Health Services	4.2	3.5	1.2	1.5	3.1	7.0

1/ Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital-based ICF-MR and hospital-based home health services appear as hospital care rather than as nursing home care or as home health services.

2/ Other professional services include private-duty nurses, chiropractors, optometrists, and home health professionals, as well as other undesignated health professionals.

NOTE: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments is 56 percent.

Source: HCFA/OACT

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NATIONAL HEALTH CARE/TYPE OF EXPENDITURE - CY 1986

- Medicare pays for almost 30 percent of U.S. hospital care.
- Medicaid pays for over 40 percent of U.S. nursing home care.

	National Total (in billions)	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	$458.2	$1,837	27.0	17.0	10.0
Health Services and Supplies	442.0	1,772	27.9	17.6	10.4
Personal Health Care	404.0	1,620	29.6	18.8	10.8
Hospital Care	179.6	720	37.6	28.8	8.8
Physicians' Services	92.0	369	24.9	20.6	4.3
Nursing Home Care	38.1	153	43.0	1.6	41.4
Other Health Services	94.4	378	13.4	5.0	8.5
Other Services and Supplies	37.9	152	10.4	4.5	5.9
Research/Construction	16.3	65	--	--	--

Source: HCFA/OACT

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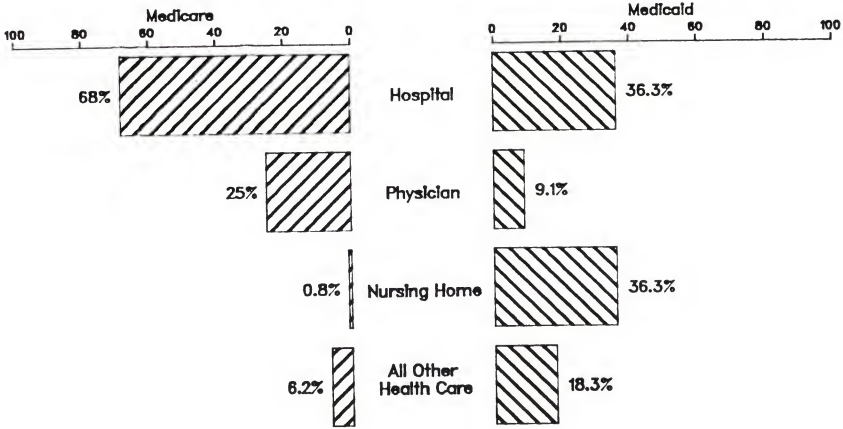
Medicare and Medicaid Benefit Payments As a Percent of Total Benefit Payments By Type of Service - CY 1986



NATIONAL HEALTH CARE/TRENDS IN PUBLIC VS. PRIVATE FUNDING

		National Health Expenditures								
		Total			Private Funds			Public Funds		
Calendar Year	G.N.P. (billions)	Amount (billions)	Per Capita	Percent of GNP	Amount (billions)	Per Capita	Percent of Total	Amount (billions)	Per Capita	Percent of Total
1965	$705	$41.9	$205	5.9	$30.9	$152	73.8	$11.0	$54	26.2
1966	772	46.3	224	6.0	32.7	158	70.7	13.6	66	29.3
1967	816	51.5	247	6.3	32.5	156	63.2	19.0	91	36.8
1970	1,015	75.0	349	7.4	47.2	220	63.0	27.8	129	37.0
1975	1,598	132.7	590	8.3	76.4	340	57.5	56.3	250	42.5
1980	2,732	248.1	1,054	9.1	142.9	607	57.6	105.2	447	42.4
1981	3,053	287.0	1,207	9.4	165.8	697	57.8	121.2	510	42.2
1982	3,166	323.6	1,347	10.2	188.4	784	58.2	135.2	563	41.8
1983	3,406	357.2	1,472	10.5	209.8	864	58.7	147.4	608	41.3
1984	3,765	391.1	1,597	10.4	231.3	945	59.2	159.7	652	40.8
1985	3,998	422.6	1,710	10.6	246.6	998	58.4	176.0	712	41.6
1986	4,206	458.2	1,837	10.9	268.5	1,076	58.6	189.7	760	41.4
Projected										
1987	4,433	496.6	1,973	11.2	294.8	1,172	59.4	201.7	802	40.6
1990	5,414	647.3	2,511	12.0	378.2	1,467	58.4	269.0	1,044	41.6
1995	7,467	999.1	3,739	13.4	575.5	2,154	57.6	423.5	1,585	42.4
2000	10,164	1,529.3	5,551	15.0	879.4	3,192	57.5	649.9	2,359	42.5

NOTE: These data reflect: 1) Bureau of Economic Analysis, Department of Commerce revisions to Gross National Product as of December 1986, and 2) Social Security Administration revisions to the population as of May 1987.

Source: HCFA/OACT and Bureau of Economic Analysis, Department of Commerce

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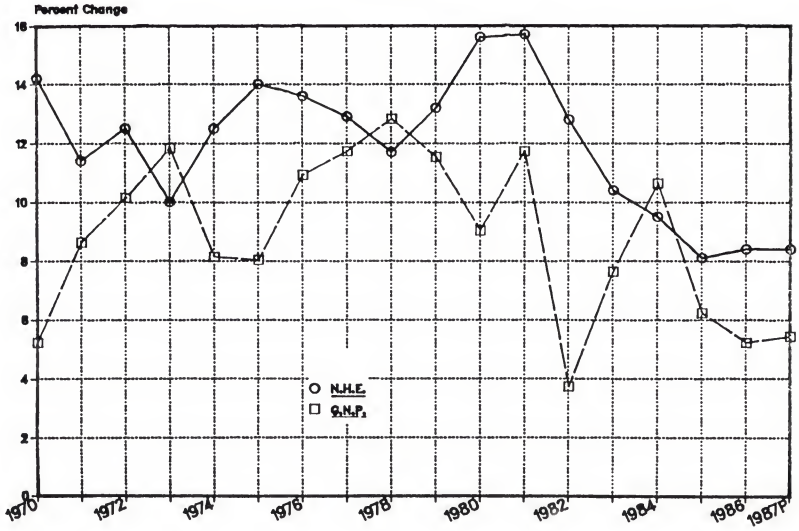
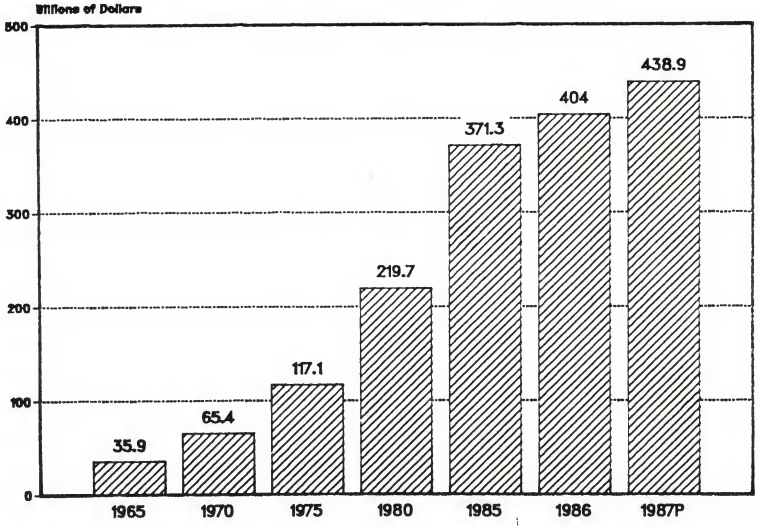
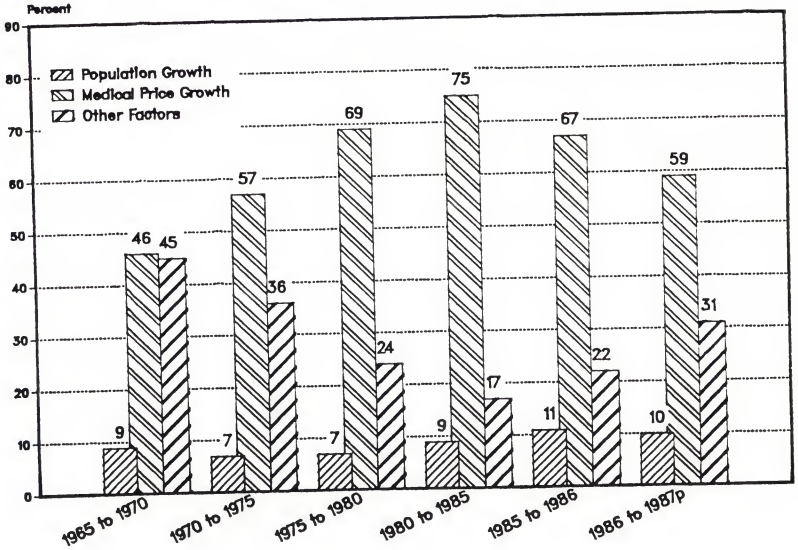
Economic Growth vs Growth in National Health Expenditures 1970–1987



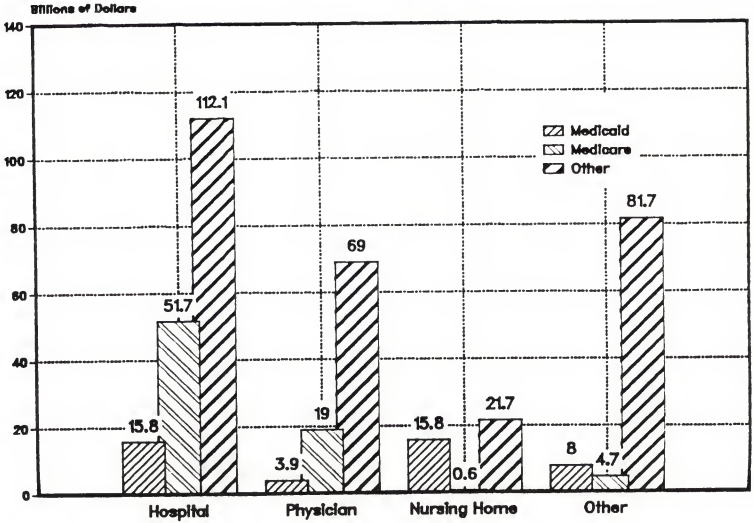
Personal Health Care Expenditures
1965–1987



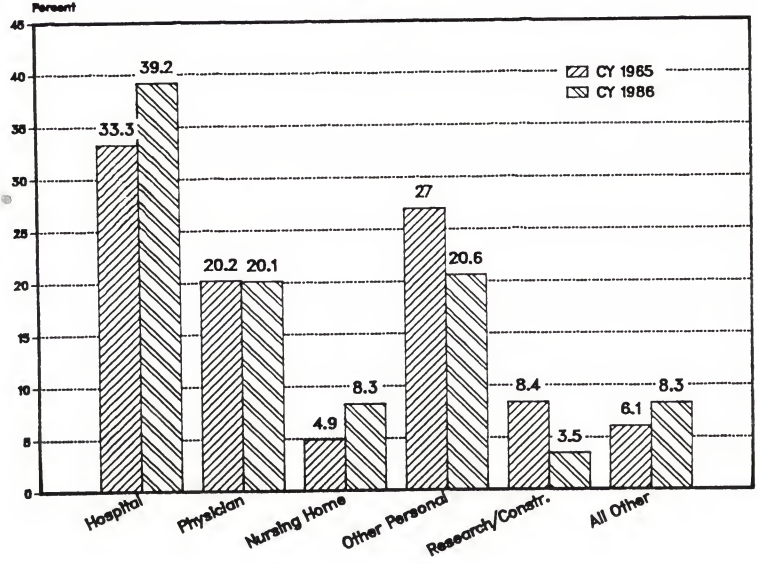
Factors Accounting for the Increase of Personal Health Care Expenditures



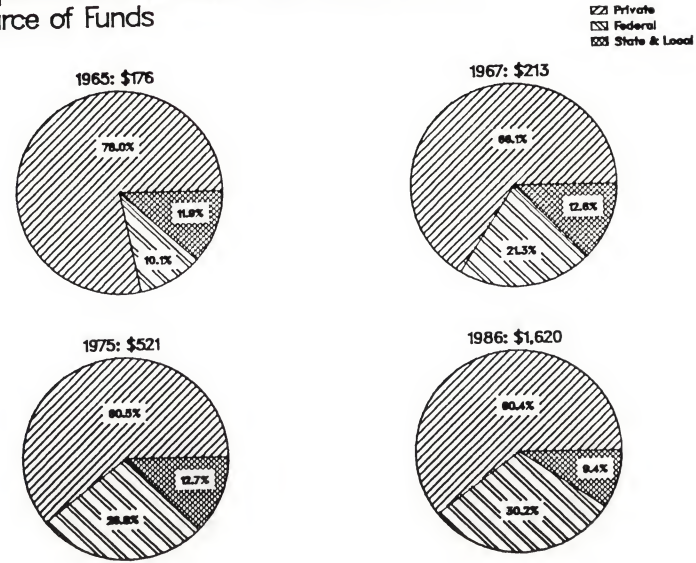
Medicaid, Medicare, and Other Personal Health Care Expenditures
By Type of Service
1986



Percent of National Health Expenditures
By Type of Service
1965 vs 1986



Per Capita Personal Health Care Expenditures By Source of Funds



NATIONAL HEALTH CARE/SOURCE OF FUNDS

	Calendar Year					
	1965	1970	1975	1980	1985	1986
Total (billions)	$41.9	$75.0	$132.7	$248.1	$422.6	$458.2
	Percentage Distribution					
Total	100.0	100.0	100.0	100.0	100.0	100.0
Private funds	73.8	63.0	57.5	57.6	58.4	58.6
Direct patient payments	44.1	35.3	28.7	25.4	24.9	25.3
Private health insurance	23.9	22.5	25.0	29.3	30.8	30.7
Philanthropy/in-plant	5.8	5.1	3.8	2.9	2.6	2.5
Federal government	13.2	23.6	27.9	28.6	29.5	29.4
Medicare	--	10.0	12.3	14.8	17.1	17.0
Federal Medicaid	--	4.0	6.0	5.8	5.5	5.6
Other Federal	13.2	9.6	9.7	8.0	6.8	6.8
State/local government	13.0	13.5	14.5	13.8	12.2	12.0
State Medicaid	--	3.3	4.7	4.8	4.5	4.4
Other State/local	13.0	10.2	9.9	8.9	7.7	7.6

Source: HCFA/OACT

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PERSONAL HEALTH CARE/PAYMENT SOURCE

	Calendar Year						
	1965	1970	1975	1980	1985	1986	1987
Total (billions)	$ 35.9	$ 65.4	$117.1	$219.7	$371.3	$404.0	$438.9
	Percentage Distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	78.0	65.7	60.5	60.6	60.0	60.4	61.4
Direct Patient Payments	51.6	40.5	32.5	28.7	28.4	28.7	29.1
Private Health Insurance	24.2	23.4	26.7	30.7	30.4	30.4	31.0
Other	2.2	1.7	1.3	1.2	1.2	1.2	1.2
Public Funds	22.0	34.3	39.5	39.4	40.0	39.6	38.6
Federal	10.1	22.2	26.8	28.4	30.3	30.2	29.3
State and Local	11.9	12.1	12.7	10.9	9.6	9.4	9.3

NOTE: 1987 data projected

Source: HCFA/OACT

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NATIONAL/MEDICAL CARE PRICE INDICATORS

(1967=100)

Fiscal year 1/	CPI, all items		CPI, all services		Medical care								Medical care commodities	
						Medical care services								
							Hospital service charges							
	Total	Less medical	Total	Less medical	Total	Total	Total 2/	Hospital room 3/	Operating room charges	Physicians' services	Dentists' services	Total	Prescription drugs
						Average annual index							
Yr. Ending June:													
1950	70.9	NA	57.7	NA	51.0	48.7	---	29.7	---	54.7	63.1	87.6	---
1955	80.2	NA	70.1	NA	64.0	59.6	---	41.4	---	64.3	72.8	94.1	---
1960	88.0	88.8	82.2	83.9	77.8	73.5	---	55.4	---	76.1	81.5	104.8	---
1965	93.6	94.1	91.2	92.1	88.3	85.9	---	4/ 73.9	4/ 81.2	86.8	4/ 90.8	100.3	---
1966	95.7	96.0	93.6	94.5	90.9	89.0	---	78.4	85.1	90.2	93.4	100.3	---
1967	98.6	98.8	98.0	98.4	96.8	96.1	---	92.0	93.9	96.9	97.6	100.4	101.1
1968	101.9	101.9	102.3	102.1	103.0	103.7	---	106.7	105.5	102.8	102.7	100.1	99.0
1969	106.8	106.7	108.7	108.3	109.7	111.6	--	121.1	119.9	109.0	108.8	100.6	98.6
1970	113.1	113.0	116.9	116.6	116.7	119.8	---	136.6	135.2	117.0	116.1	102.2	100.5
1971	119.0	118.7	125.4	124.9	124.8	129.1	---	154.7	149.7	125.8	123.1	104.7	101.0
1972	123.3	122.9	131.0	130.3	130.7	136.0	---	169.3	162.4	132.3	130.1	105.6	101.4
1973	128.2	127.9	135.6	134.9	134.7	140.9	103.7	177.8	174.1	135.7	134.1	105.7	100.6
1974	139.7	139.6	144.4	143.6	142.4	149.9	108.7	188.4	185.8	142.5	140.0	106.8	101.0
1975	155.2	154.9	160.0	158.4	160.2	169.9	124.0	219.3	222.4	160.7	155.1	114.3	106.1
1976	166.2	165.6	173.5	171.2	176.5	187.9	140.6	252.6	255.9	179.0	167.1	122.5	112.3
Sept:													
1975	158.4	158.1	163.4	161.6	164.6	174.7	128.3	228.0	231.7	165.0	158.7	116.6	107.8
1976	168.4	167.7	177.1	174.6	180.5	192.3	144.8	260.6	265.2	183.9	169.5	124.2	113.8
1977	178.7	177.5	190.7	187.2	198.0	211.9	160.2	291.9	302.6	201.6	181.7	131.9	120.1
1978	191.3	189.9	206.1	202.3	214.8	230.3	NA	322.8	NA	218.7	194.7	141.1	129.2
1979	211.0	209.6	227.2	223.1	234.3	252.2	NA	361.1	NA	238.2	210.5	151.1	139.2
1980	239.7	238.4	261.6	257.8	259.4	280.2	NA	405.0	NA	262.5	233.5	164.1	151.3
1981	266.2	264.8	295.9	292.4	286.2	309.1	NA	463.0	NA	290.8	257.1	181.6	167.5
1982	286.0	283.9	328.9	324.7	320.2	346.6	NA	538.8	NA	320.9	279.6	200.9	187.3
1983	296.0	292.9	341.7	335.2	351.6	380.9	NA	605.4	NA	346.1	296.7	219.3	208.9
1984	308.1	304.4	358.2	350.9	373.9	404.5	NA	658.7	NA	371.2	321.3	235.4	228.9
1985	319.4	315.1	376.8	368.9	396.8	428.2	NA	702.5	NA	392.6	343.4	252.5	251.2
1986	327.3	321.9	396.1	386.7	425.5	459.7	NA	740.1	NA	419.9	362.3	269.4	272.9
1987	336.7	330.2	412.8	401.7	455.5	492.6	NA	793.8	NA	451.8	385.5	286.8	295.0

1/Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the good or service priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

2/January 1972=100

3/Revised title. Prior to January 1978 reflects semi-private room charges.

4/Data not reported for March 1964 and 1965. Price indexes derived by averaging surrounding quarterly indexes.

5/Based on sum of monthly figures for given years.

Source: HCFA/OACT and Bureau of Labor Statistics, U.S. Department of Labor

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NATIONAL/MEDICAL CARE PRICE INDICATORS

(1967=100)

Fiscal year 1/	CPI, all items: Total	CPI, all items: Less medical	CPI, all services: Total	CPI, all services: Less medical	Medical care: Total	Medical care services: Total	Hospital service charges: Total 2/	Hospital room 3/	Operating room charges	Physicians' services	Dentists' services	Medical care commodities: Total	Prescription drugs
	Percentage change from preceding year 5/												
Yr. Ending June:													
1960	1.4	1.3	3.3	3.2	3.9	4.4	---	5.9	---	3.0	2.3	1.3	---
1965	1.3	1.3	2.0	1.5	2.1	2.6	---	5.3	3.1	3.1	2.9	.4	---
1966	2.2	2.0	2.6	2.6	2.9	3.6	---	6.1	4.8	3.9	2.9	---	---
1967	3.0	2.6	4.7	4.1	6.5	8.0	---	17.3	10.3	7.4	4.5	.1	---
1968	3.3	3.1	4.4	3.8	6.4	7.9	---	15.9	12.4	6.1	5.2	-.3	-2.1
1969	4.8	4.7	6.3	6.1	6.5	7.6	---	13.5	13.6	6.0	5.9	.5	-.4
1970	5.9	5.9	7.5	7.7	6.4	7.3	---	12.8	12.8	7.3	6.7	1.6	1.9
1971	5.2	5.0	7.3	7.1	6.9	7.8	---	13.3	10.7	7.5	6.0	2.4	.5
1972	3.6	3.5	4.5	4.3	4.7	5.3	---	9.4	8.5	5.2	5.7	.9	.4
1973	4.0	4.1	3.5	3.5	3.1	3.6	---	5.0	7.2	2.6	3.1	.1	-.8
1974	9.0	9.1	6.5	6.4	5.7	6.4	4.8	6.0	6.7	5.0	4.4	1.0	.4
1975	11.1	11.0	10.8	10.3	12.5	13.3	14.1	16.4	19.7	12.8	10.8	7.0	5.0
1976	7.1	6.9	8.4	8.1	10.2	10.6	13.4	15.2	15.1	11.4	7.7	7.2	5.8
Sept:													
1975	10.3	10.2	10.3	9.8	12.5	13.1	15.1	17.3	20.5	12.7	10.9	8.1	5.9
1976	6.3	6.1	8.4	8.0	9.7	10.1	12.9	14.3	14.5	11.5	6.8	6.5	5.6
1977	6.1	5.8	7.7	7.2	9.7	10.2	10.6	12.0	14.1	9.6	7.2	6.2	5.5
1978	7.1	7.0	8.1	8.1	8.5	8.7	---	10.6	---	8.5	7.2	7.0	7.6
1979	10.3	10.4	10.2	10.3	9.1	9.5	---	11.9	---	8.9	8.1	7.1	7.7
1980	13.6	13.7	15.1	15.6	10.7	11.1	---	12.2	---	10.2	10.9	8.6	8.7
1981	11.1	11.1	13.1	13.4	10.3	10.3	---	14.3	---	10.8	10.1	10.7	10.7
1982	7.4	7.2	11.2	11.0	11.9	12.1	---	16.4	---	10.4	8.8	10.6	11.8
1983	3.5	3.2	3.9	3.2	9.8	9.9	---	12.4	---	7.9	6.1	9.2	11.5
1984	4.1	3.9	4.8	4.7	6.3	6.2	---	8.8	---	7.3	8.3	7.3	9.6
1985	3.7	3.5	5.2	5.1	6.1	5.9	---	6.6	---	5.8	6.9	7.3	9.7
1986	2.5	2.2	5.1	4.8	7.2	7.4	---	5.4	---	7.0	5.5	6.7	8.6
1987	2.9	2.6	4.2	3.9	7.1	7.2	---	7.3	---	7.6	6.4	6.4	8.1

1/Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the good or service priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

2/January 1972=100

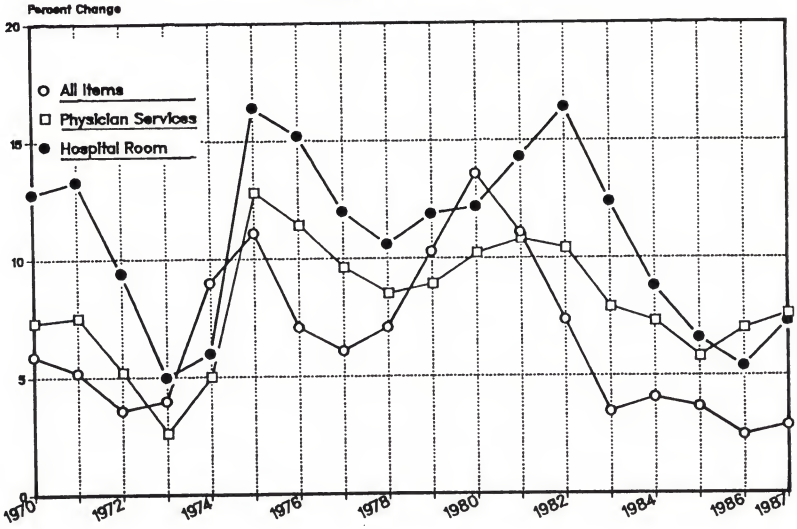
3/Revised title. Prior to January 1978 reflects semi-private room charges.

4/Data not reported for March 1964 and 1965. Price indexes derived by averaging surrounding quarterly indexes.

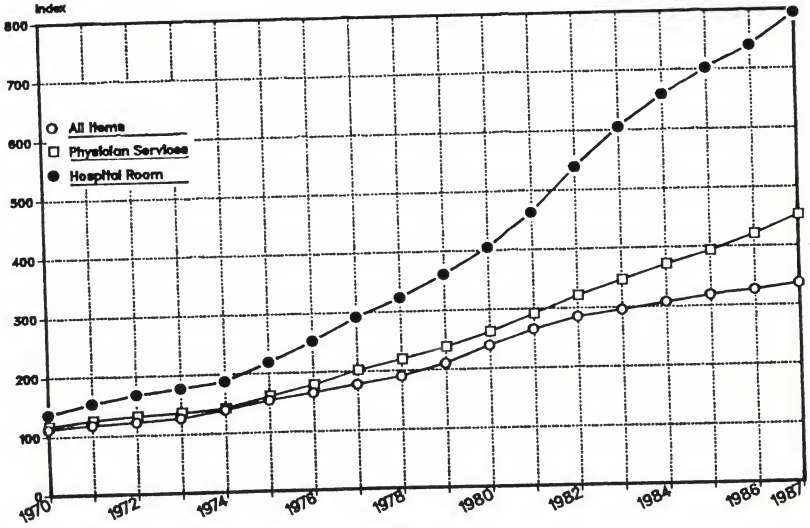
5/Based on sum of monthly figures for given years.

Source: HCFA/OACT and Bureau of Labor Statistics, U.S. Department of Labor

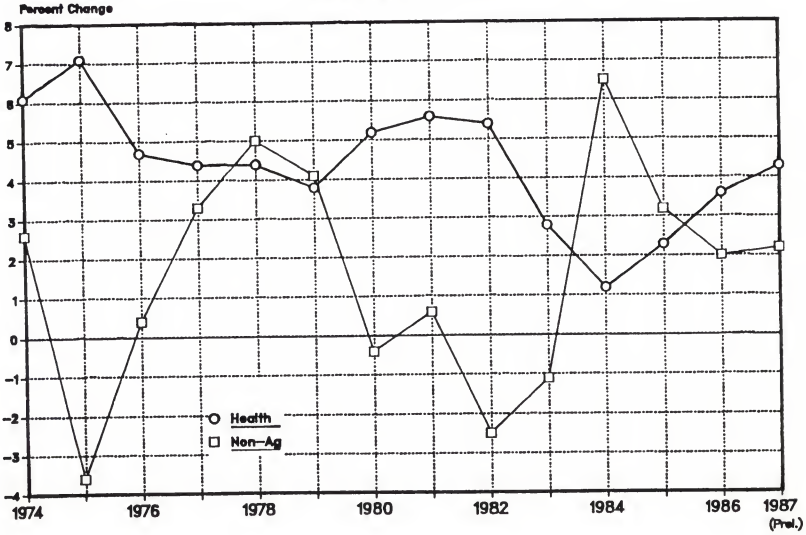
Consumer Price Indexes
Annual Percentage Change
Fiscal Years 1970–1987



Selected Consumer Price Indexes
Fiscal Years 1970–1987
(1967=100)



Workhours in Private Health Care Establishments vs All Non-Agricultural Establishments
Fiscal Years 1974-1987



IV. ADMINISTRATIVE/OPERATING

Information on activities and services related to oversight of the day-to-day operations of HCFA programs.

Current and trend data on trust fund operations, contractor performance, and administrative costs are included.

MEDICARE/OPERATIONS OF THE HI TRUST FUND

Fiscal Year 1/	Income: Payroll taxes	Income: Transfers from railroad retirement account	Income: Reimbursement for uninsured persons	Income: Premiums from voluntary enrollees	Income: Reimbursement for military wage credits	Income: Interest on investments and other income 2/	Income: Total income	Disbursements: Benefits payments 3/	Disbursements: Administrative expenses 4/	Disbursements: Total disbursements	Interfund borrowing transfers 5/	Trust Fund: Net increase in fund	Trust Fund: Fund at end of year
	(in millions)												
Historical Data:													
1967	$2,689	$16	$327		$11	$46	$3,089	$2,508	$89	$2,597		$492	$1,343
1968	3,514	44	273		11	61	3,902	3,736	79	3,815		88	1,431
1969	4,423	54	749		22	96	5,344	4,654	104	4,758		586	2,017
1970	4,785	64	617		11	137	5,614	4,804	149	4,953		661	2,677
1971	4,898	66	863		11	180	6,018	5,442	150	5,592		426	3,103
1972	5,226	66	503		48	188	6,031	6,108	167	6,276		-245	2,859
1973	7,663	63	381		48	196	8,352	6,648	194	6,842		1,510	4,369
1974	10,602	99	451	$4	48	405	11,610	7,806	259	8,065		3,545	7,914
1975	11,291	132	481	6	48	609	12,568	10,353	259	10,612		1,956	9,870
1976	12,031	138	610	8	48	709	13,544	12,267	312	12,579		966	10,836
T.Q.	3,366	143	0 6/	2	0	5	3,516	3,315	89	3,404		112	10,948
1977	13,649	0 7/	803 6/	11	141	770	15,374	14,906	301	15,207		167	11,115
1978	16,677	214 7/	688	12	143 8/	809	18,543	17,411	451	17,862		681	11,796
1979	19,927	191	734	17	141	901	21,910	19,891	452	20,343		1,567	13,363
1980	23,244	244	697	17	141	1,072	25,415	23,790	497	24,288		1,127	14,490
1981	30,425	276	659	21	141	1,341	32,863	28,907	353	29,260		3,603	18,093
1982	34,390	351	808	25	207	1,829	37,611	34,343	521	34,864		2,747	20,840
1983	36,387	358	878	26	3,663 9/	2,629	43,940	38,102	522	38,624	$-12,437	-7,121	13,719
1984	41,364	351	752	35	250	2,812	45,563	41,476	633	42,108		3,455	17,174
1985	46,490	371	766	38	86	3,182	50,933	47,841	813	48,654	1,824	4,103	21,277
1986	53,020	364	566	40	-714 10/	3,167	56,442	49,018	667	49,685	10,613	17,370	38,648
1987	57,820	368	447	40	94	3,982	62,751	49,967	836	50,803		11,949	50,596

1/ For 1967 through 1976, fiscal years cover the interval from July 1 through June 30; the three-month interval from July 1, 1976, through September 30, 1976, is labeled "T.Q.," the transition quarter; fiscal years after 1976 cover the interval from October 1 through September 30.

2/ Other income includes recoveries of amounts reimbursed from the Trust Fund which are not obligations of the trust fund and other miscellaneous income.

3/ Includes costs of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

4/ Includes costs of experiments and demonstration projects.

5/ A loan to the OASI Trust Fund would still be an asset to the HI trust fund. However, since these assets are not immediately available for payment of HI benefits, they are subtracted out of the HI fund in the year the loan is made. A negative amount is a loan to the OASI trust fund. Repayments of principal are added back into the fund in the year repayment is made. A positive amount is a repayment of principal to the HI trust fund.

6/ The 1977 transfer is for benefits and administrative expenses during the five-quarter period covering the transition quarter and fiscal year 1977.

7/ The 1978 transfer is for contributions during the five-quarter period covering the transition quarter and fiscal year 1977.

8/ Includes $2 million in reimbursement from general revenues for costs arising from the granting of deemed wage credits to persons of Japanese ancestry who were interned during World War II.

9/ Includes the lump sum general revenue transfer of $3,456 million as provided for by Section 151 of P.L. 98-21.

10/ Includes the lump sum general revenue transfer of -$805 million as provided for by Section 151 of P.L. 98-21.

NOTE: Totals do not necessarily equal the sum of rounded components.

Source: HCFA/OACT

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MEDICARE/OPERATIONS OF THE SMI TRUST FUND

Fiscal year 1/	Income: Premiums from participants	Income: Government contributions 2/	Income: Interest and other income 3/	Income: Total income	Disbursements: Benefit payments	Disbursements: Administrative expenses	Disbursements: Total disbursements	Balance in fund at end of year 4/
	(in millions)							
Historical:								
1967	$647	$623	$15	$1,285	$664	$135 5/	$799	$486
1968	698	634	21	1,353	1,390	142	1,532	307
1969	903	984	24	1,911	1,645	195	1,840	378
19[illegible]0	936	928	12	1,876	1,979	217	2,196	57
1971	1,253	1,245	18	2,516	2,035	248	2,283	290
1972	1,340	1,365	29	2,734	2,255	289	2,544	481
1973	1,427	1,430	45	2,902	2,391	246	2,637	746
1974	1,704	2,029	76	3,809	2,874	409	3,283	1,272
1975	1,887	2,330	105	4,322	3,765	405	4,170	1,424
1976	1,951	2,939	104	4,994	4,672	528	5,200	1,219
T.Q.	539	878	4	1,421	1,269	132	1,401	1,239
1977	2,193	5,053	137	7,383	5,867	475	6,342	2,279
1978	2,431	6,386	228	9,045	6,852	504	7,356	3,968
1979	2,635	6,841	363	9,839	8,259	555	8,814	4,994
1980	2,928	6,932	415	10,275	10,144	593	10,737	4,532
1981	3,320	8,747	372	12,439	12,345	883	13,228	3,743
1982	3,831	13,323	473	17,627	14,806	754	15,560	5,810
1983	4,227	14,238	682	19,147	17,487	824	18,311	6,646
1984	4,907	16,811	807	22,525	19,473	899	20,372	8,799
1985	5,524	17,898	1,155	24,577	21,808	922	22,730	10,646
1986	5,699	18,076	1,228	25,004	25,169	1,049	26,217	9,432
1987	6,480	20,299	1,018	27,797	29,937	900	30,837	6,392

1/ For 1967 through 1976, fiscal years cover the interval from July 1 through June 30; the three-month interval from July 1, 1976, through September 30, 1976, is labeled "T.Q.," the transition quarter; fiscal years after 1976 cover the interval from October 1 through September 30.

2/ The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

3/ Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

4/ The financial status of the program depends on both the total net assets and the liabilities of the program.

5/ Administrative expenses shown include those paid in fiscal years 1966 and 1967.

Source: HCFA/OACT

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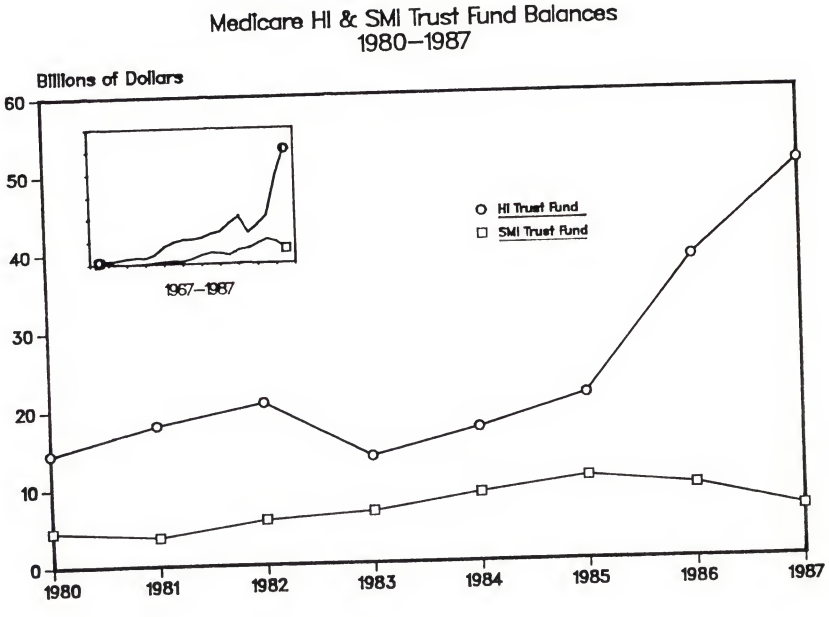
Medicare HI & SMI Trust Fund Balances
1980–1987
Billions of Dollars
60
50
40
30
20
10
0
1980
1981
1982
1983
1984
1985
1986
1987
HI Trust Fund
SMI Trust Fund
1967–1987

MEDICARE/SMI TRUST FUND INCOME

Fiscal Year	Total income (less interest)	Premiums from Participants Total	Aged	Disabled	Government contributions 1/ Total	Aged	Disabled
				(in millions)			
1967	$1,270	$647	$647	N/A	$623	$623	N/A
1968	1,332	698	698	N/A	634	634	N/A
1969	1,886	903	903	N/A	983	983	N/A
1970	1,863	936	936	N/A	927	927	N/A
1971	2,498	1,253	1,253	N/A	1,245	1,245	N/A
1972	2,703	1,340	1,340	N/A	1,363	1,363	N/A
1973	2,857	1,427	1,427	N/A	1,431	1,431	N/A
1974	3,733	1,704	1,579	$125	2,029	1,577	$452
1975	4,217	1,887	1,736	151	2,330	1,711	619
1976	4,888	1,951	1,783	168	2,936	2,206	731
Trans. Qtr.	1,417	539	492	46	878	734	144
1977	7,228	2,193	1,987	206	5,035	4,026	1,009
1978	8,794	2,431	2,186	245	6,363	4,965	1,398
1979	9,463	2,635	2,373	263	6,828	5,459	1,368
1980	9,851	2,928	2,637	291	6,923	5,601	1,322
1981	12,067	3,320	2,988	332	8,747	7,191	1,556
1982	17,154	3,831	3,460	371	13,323	11,208	2,115
1983	18,465	4,227	3,834	393	14,238	11,937	2,301
1984	21,718	4,907	4,463	444	16,811	13,861	2,950
1985	23,422	5,524	5,042	482	17,898	15,071	2,827
1986	23,775	5,699	5,200	500	18,076	15,696	2,381
1987	26,778	6,479	5,897	582	20,299	17,579	2,720
Percent change							
1967-1987	2,009	901	811	N/A	3,158	2,722	N/A
1974-1987	617	280	273	366	900	1,015	502
1985-1986	2	3	3	4	1	4	-16
1986-1987	13	14	13	16	12	12	14

1/ Includes interest on delayed transfers from general funds.

NOTE: Parts may not add to total due to rounding. For more detail on fund transactions see "Annual Reports of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." Legislation mandates that from January 1984 through December 1989 the monthly premium for aged enrollees be kept at a constant 25% of expected monthly cost, i.e., one half the actuarial rate.

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Source: HCFA/OACT

MEDICARE/RATIO OF SMI BENEFIT PAYMENTS TO PREMIUM INCOME

- Expressed as a ratio, $4.50 are paid out in benefits for aged beneficiaries for every dollar of premiums paid in by or on behalf of aged enrollees. For the disabled, $6.20 are paid out in benefits for each dollar paid in by disabled enrollees.

- Benefit payments have risen almost 4,409% from $664 million in 1967 to $29.9 billion in 1987.

Fiscal Year	Benefit Payments			Ratio of benefit payments to premium income		
	Total	Aged	Disabled	Total	Aged	Disabled
	(in millions)					
1967	$664	$664	N/A	1.0	1.0	N/A
1968	1,390	1,390	N/A	2.0	2.0	N/A
1969	1,645	1,645	N/A	1.8	1.8	N/A
1970	1,979	1,979	N/A	2.1	2.1	N/A
1971	2,035	2,035	N/A	1.6	1.6	N/A
1972	2,255	2,255	N/A	1.7	1.7	N/A
1973	2,391	2,391	N/A	1.7	1.7	N/A
1974	2,874	2,555	$319	1.7	1.6	2.6
1975	3,765	3,312	453	2.0	1.9	3.0
1976	4,672	4,064	608	2.4	2.3	3.6
Trans. Qtr.	1,269	1,083	186	2.4	2.2	4.0
1977	5,867	5,035	832	2.7	2.5	4.0
1978	6,852	5,821	1,031	2.8	2.7	4.2
1979	8,259	6,964	1,295	3.1	2.9	4.9
1980	10,144	8,512	1,632	3.5	3.2	5.6
1981	12,345	10,382	1,963	3.7	3.5	5.9
1982	14,806	12,404	2,402	3.9	3.6	6.5
1983	17,487	14,783	2,704	4.1	3.9	6.9
1984	19,473	16,845	2,628	4.0	3.8	5.9
1985	21,808	19,075	2,733	3.9	3.8	5.7
1986	25,169	22,180	2,989	4.4	4.3	6.0
1987	29,937	26,350	3,587	4.6	4.5	6.2
Percent change						
1967-1987	4,409	3,868	N/A			
1974-1987	942	931	1,024			
1985-1986	15	16	9			
1986-1987	19	19	20			

NOTE: For more detail on fund transactions, see "Annual Reports of the Board of Trustees of the Supplementary Medical Insurance Trust Fund."

Source: HCFA/OACT

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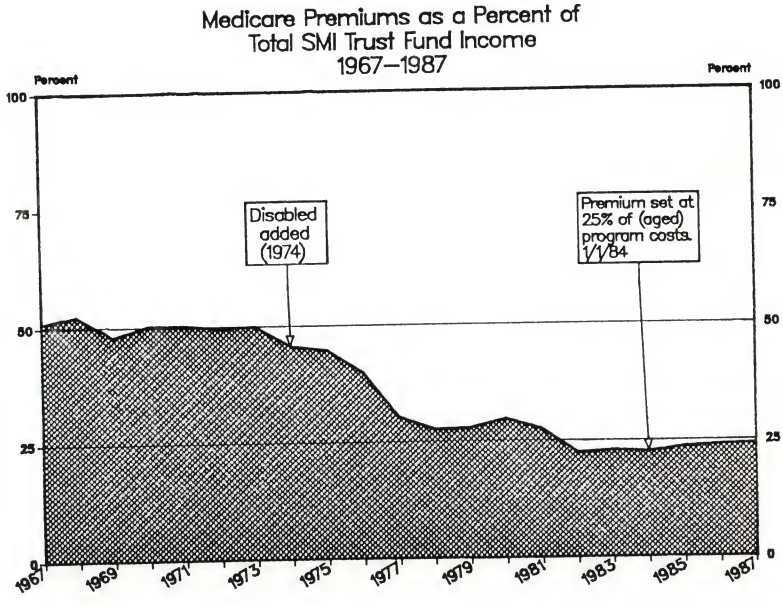
Medicare Premiums as a Percent of
Total SMI Trust Fund Income
1967–1987
Percent
Percent
100
75
50
25
0
Disabled added (1974)
Premium set at 25% of (aged) program costs. 1/1/84
1967
1969
1971
1973
1975
1977
1979
1981
1983
1985
1987

MEDICARE ADMINISTRATIVE EXPENSES/TRENDS

Fiscal Year	Administrative Amount (in millions)	Expenses As a percent of Benefit Payments
HI Trust Fund		
1967	$89	3.5
1968	79	2.1
1970	149	3.1
1975	259	2.5
1980	497	2.1
1981	353	1.2
1982	521	1.5
1983	522	1.4
1984	633	1.5
1985	813	1.7
1986	667	1.4
1987	836	1.7
SMI Trust Fund		
1967	$135 1/	20.3
1968	142	10.2
1970	217	11.0
1975	405	10.8
1980	593	5.8
1981	883	7.2
1982	754	5.1
1983	824	4.7
1984	899	4.6
1985	922	4.2
1986	1,049	4.2
1987	900	3.0

1/ Includes expenses paid in fiscal years 1966 and 1967.

Source: HCFA/OACT

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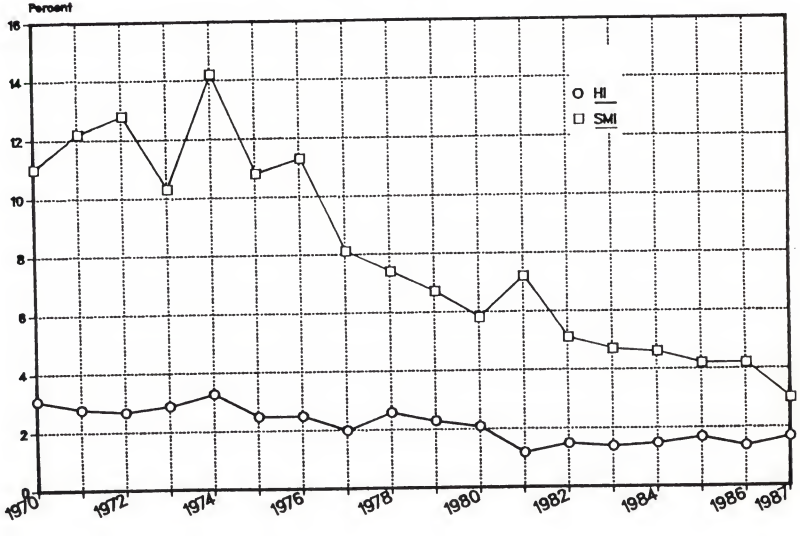
Medicare Administrative Expenses
Percent of Benefit Payments
1970–1987



MEDICARE/CONTRACTS

	Part A	Part B
Blue Cross/Blue Shield	47	26
Other	7	9

(January 1988)

Source: HCFA/BPO

MEDICARE/CLAIMS PROCESSING

	Net Unit Cost Per Claim*				
	FY 1975	FY 1980	FY 1985	FY 1986	FY 1987
Part A Intermediaries 1/	$3.84	$2.96	$2.33	$1.97	$1.81
Part B Carriers 2/	$2.90	$2.33	$1.88	$1.72	$1.65

* Data collected differently and recalculated.

1/ Includes direct costs and overhead costs for Bill Payment and Reconsideration and Hearings lines.

2/ Includes direct costs and overhead costs for the Claims Payment line, Reviews and Hearings line, Beneficiary/Physician Inquiries line.

Source: HCFA/BPO

February 1988

MEDICARE/REASONABLE CHARGE REDUCTIONS

- The proportion of Medicare SMI claims with some charge reduction[1] increased slightly in the last year.

Fiscal Year	Claims Approved: Number (in thousands)	Claims Approved: Percent Reduced	Total Covered Charges: Amount (in millions)	Total Covered Charges: Percent Reduced	Total Covered Charges: Amount Reduced per Claim
Assigned (HCFA-1490/1500)					
1980	70,937	80.0	$6,878	22.5	$21.81
1981 2/	78,952	82.7	8,546	23.9	25.84
1982 2/	88,185	83.1	10,633	24.3	29.32
1983	100,087	82.4	13,134	23.8	31.20
1984	118,221	80.3	15,591	24.7	32.62
1985	168,587	81.7	20,743	27.0	33.19
1986	188,075	82.5	24,108	28.4	36.43
1987	222,277	83.0	29,436	27.9	36.90
Unassigned (HCFA-1490/1500)					
1980	66,207	83.7	$6,527	22.3	$21.96
1981 2/	71,632	85.7	7,607	23.7	25.13
1982 2/	78,166	85.6	9,117	24.1	28.10
1983	85,966	83.9 3/	10,610	23.1 3/	28.48 3/
1984	90,866	83.1	11,429	23.6	29.69
1985	77,646	84.6	10,051	25.6	33.12
1986	84,853	84.9	10,581	26.6	33.15
1987	85,160	82.5	10,516	25.5	31.44

1/ Reasonable charge reduction - the total dollar amount reduced as a result of a reasonable charge determination made by a carrier which is the lowest of 1) the customary charge; 2) the prevailing charge; or, 3) the actual charge.
2/ Excludes data for Texas Blue Shield.
3/ These data are slightly understated due to underreporting by Equitable.

Source: HCFA/BPO

February 1988

MEDICARE/APPEALS - FY 1987

	Part A Reconsiderations	Part B Reviews
Number Received	89,052	5,424,799
Number Processed	71,439	5,477,422
Percent Affirmed	70.1%	40.8%

Source: HCFA/BPO

February 1988

MEDICAID ADMINISTRATION

	FY 1985 1/	FY 1986 1/	FY 1987 2/
		(in thousands)	
Total Payments Computable for Federal Funding	$2,000,081	$2,144,037	$2,302,600
Federal Share of Current Expenditures: Family Planning	$ 7,338	$ 7,959	$ 9,635
Design, Development or Installation of MMIS 3/	26,038	22,722	26,652
Skilled Professional Medical Personnel	154,625	146,538	157,317
Operation of an Approved MMIS	299,932	322,684	352,262
Other Financial Participation	570,431	649,996	773,599
Mechanized Systems Not Approved Under MMIS	29,194	22,390	17,822
Total Administration	$1,087,558	$1,172,289	$1,337,287
Net Adjusted Federal Share	$1,201,966 4/	$1,267,244 4/	$1,374,242

1/ Source: Form HCFA-64.10, Expenditures for State and Local Administration for the Medical Assistance Program (Current Expenditures only).

2/ Source: Form HCFA-25I, Medicaid Program Budget Report, State and Local Administration - State Estimates submitted November 1987.

3/ Medicaid Management Information System.

4/ Includes Federal Share of current expenditures from Form HCFA-64.10 plus State reported and HCFA adjustments.

Source: HCFA/BPO

February 1988

V. POPULATIONS

Information about persons covered by Medicare and Medicaid.

For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons using services. Current and trend data showing demographic and eligiblity category distributions are included.

MEDICARE ENROLLMENT/COVERAGE

- Ninety-one percent of the Medicare population is age 65 and over.
- An estimated 95-98 percent of the total aged population has some type of Medicare Coverage.
- Ninety-five percent of the total Medicare population is covered by both Part A and Part B.
- Four percent of the total Medicare population has Part A only coverage.
- Less than 2 percent of the total Medicare population has Part B only coverage.
- Ninety-six percent of aged persons covered by Medicare Part A are entitled to SSA benefits; 3 percent are entitled to RRB benefits; less than 2 percent are not insured by SSA or RRB.
- Eighty percent of disabled persons entitled to Medicare are workers; 17 percent are persons disabled in childhood prior to age 22; 3 percent are disabled widows or widowers; 1 percent are entitled because of ESRD only.

	Total	Aged	Disabled
July 1, 1986		(in millions)	
HI and/or SMI	31.7	28.8	3.0
HI and SMI	30.1	27.3	2.7
HI	31.2	28.3	3.0
SMI	30.6	27.9	2.7

Source: HCFA/BDMS

February 1988

MEDICARE ENROLLEES/TRENDS

	1975	1980	1985	1986	1987	1988	1989
			(in millions)				
HI &/or SMI							
Total	25.0	28.5	31.1	31.7	32.4	33.0	33.6
Aged	22.8	25.5	28.2	28.8	29.4	30.0	30.6
Disabled	2.2	3.0	2.9	3.0	3.0	3.0	3.1
HI							
Total	24.6	28.1	30.6	31.2	31.8	32.4	33.1
Aged	22.5	25.1	27.7	28.3	28.8	29.4	30.0
Disabled	2.2	3.0	2.9	3.0	3.0	3.0	3.1
SMI							
Total	23.9	27.4	30.0	30.6	31.2	31.9	32.5
Aged	21.9	24.7	27.3	27.9	28.4	29.1	29.6
Disabled	2.0	2.7	2.7	2.7	2.8	2.8	2.9
Both HI and SMI	23.6	27.0	29.5	30.1	30.7	31.3	31.9
HI Only	1.1	1.1	1.1	1.1	1.1	1.1	1.1
SMI Only	0.3	0.4	0.5	0.5	0.5	0.6	0.6

NOTE: Data for all areas as of July 1 (1987-1989 estimated).

Source: HCFA/BDMS

February 1988

MEDICARE ENROLLMENT/DEMOGRAPHICS

- Of the total Medicare covered population -
  - 9 out of 10 are age 65 or over;
  - 1 out of 10 is non-white;
  - there are 3 males for every 4 females.

- Of the aged population -
  - there are 2 males for every 3 females;
  - 1 out of 10 is age 85 or over;
  - the oldest age category is predominantly female (there are only 4 males for every 10 females).

- Of the disabled population -
  - 1 out of 3 is under age 45;
  - 1 out of 2 are 55-64 years old;
  - there are 17 males for every 10 females.

	Total	Male	Female
	(in thousands)		
July 1, 1986			
All Persons	31,750	13,406	18,344
Aged Persons	28,791	11,525	17,266
65 - 74	16,726	7,323	9,404
75 - 84	9,133	3,380	5,753
85 and over	2,932	822	2,110
Disabled Persons	2,959	1,881	1,078
Under 45	931	609	322
45 - 54	613	398	215
55 - 64	1,415	873	542
White	27,592	11,609	15,983
Non-White	3,226	1,424	1,803
Unknown	931	373	558

Source: HCFA/BDMS

February 1988

MEDICARE HI ENROLLMENT/AGING POPULATION

Year	Number (in thous.)	Percentage distribution by age						Median age (yrs.)
		Total	65-69	70-74	75-79	80-84	85+	
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1982	26,115	100.0	32.6	26.3	18.9	12.2	10.0	73.2
1983	26,670	100.0	32.4	26.2	19.0	12.2	10.1	73.4
1984	27,112	100.0	31.9	26.4	19.2	12.3	10.2	73.4
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.4
1986	28,257	100.0	31.9	26.2	19.2	12.3	10.3	73.5

Source: HCFA/BDMS

MEDICARE HI ENROLLMENT/DEMOGRAPHIC TRENDS

Year	Total Persons	Percentage distribution of aged enrollees by sex and race							
		Male				Female			
		Total	White	All other Races	Unknown	Total	White	All other Races	Unknown
1966	100.0	42.6	38.6	3.4	0.6	57.4	50.8	4.1	2.5
1970	100.0	41.8	37.4	3.5	0.9	58.2	51.9	4.4	1.9
1975	100.0	40.8	36.2	3.6	1.0	59.2	52.8	4.7	1.7
1980	100.0	40.4	35.7	3.7	1.1	59.5	52.9	4.9	1.7
1982	100.0	40.4	35.6	3.7	1.1	59.6	52.9	5.0	1.7
1983	100.0	40.3	35.5	3.7	1.1	59.7	52.9	5.0	1.8
1984	100.0	40.3	35.5	3.7	1.1	59.7	52.9	5.1	1.8
1985	100.0	40.3	35.4	3.7	1.2	59.7	52.8	5.1	1.8
1986	100.0	40.3	35.4	3.7	1.2	59.7	52.7	5.2	1.8

Note: Detail may not add to total because of rounding.

Source: HCFA/BDMS

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MEDICARE/STATE BUY-INS FOR SMI

- Four out of five State buy-ins are aged.
- One in 12 aged Medicare SMI enrollees is a State buy-in; one in five disabled SMI enrollees is a buy-in.

Type of Beneficiary 1/	1984	1985	1986
All persons			
Number	2,601,397	2,669,615	2,775,933
Percent of SMI enrolled	8.9	9.0	9.2
Aged			
Number	2,127,346	2,164,128	2,221,698
Percent of aged SMI enrolled	8.0	8.0	8.0
Disabled			
Number	474,051	505,487	554,235
Percent of disabled SMI enrolled	18.2	19.2	20.7

1/ Recipients for whom the State paid Medicare SMI premium for month of July.

Source: HCFA/BPO

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MEDICAID RECIPIENTS/TRENDS

	FY 1975	FY 1980	FY 1985	FY 1986	FY 1987	FY 1988	FY 1989
			(in millions)				
Total	22.0	21.6	21.8	22.5	23.3	24.2	25.0
Aged	3.6	3.4	3.1	3.1	3.4	3.5	3.5
Blind	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Disabled	2.4	2.8	2.9	3.1	3.2	3.3	3.4
AFDC-Children	9.6	9.3	9.8	10.0	10.2	10.5	10.8
AFDC-Adults	4.5	4.7	5.5	5.6	6.0	6.2	6.4
Other Title XIX	1.8	1.5	1.2	1.4	1.4	1.5	1.5

NOTE: Recipient categories do not add to total due to the small number of recipients that are in more than one category during the year.

Source: Data for FY 1975 - FY 1986 are historical and reflect actual statistical data (HCFA/OACT) as reported by States. Projections for FY 1987 - FY 1989 are based on State estimates.

MEDICAID RECIPIENTS/DEMOGRAPHICS

	Fiscal Year 1986
All Recipients (thousands)	22,518
Age	22,518
Under 21	50.2%
21 - 64	33.4
65 and over	16.0
Unknown	0.4
Sex	22,518
Male	36.0%
Female	64.0
Race	22,518
White	52.8%
Black	27.4
American Indian/Alaskan Native	1.0
Asian/Pacific Islander	2.0
Hispanic	16.3
Unknown	0.5

Source: HCFA/OACT/OMES/DMS

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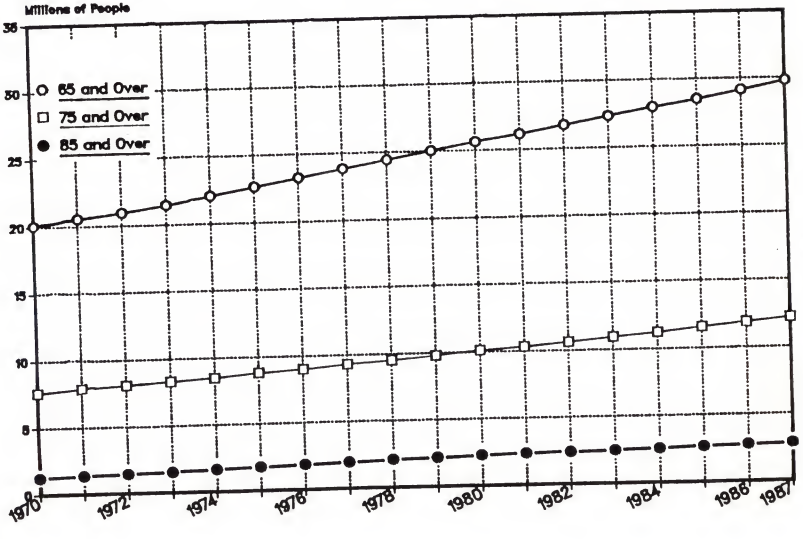
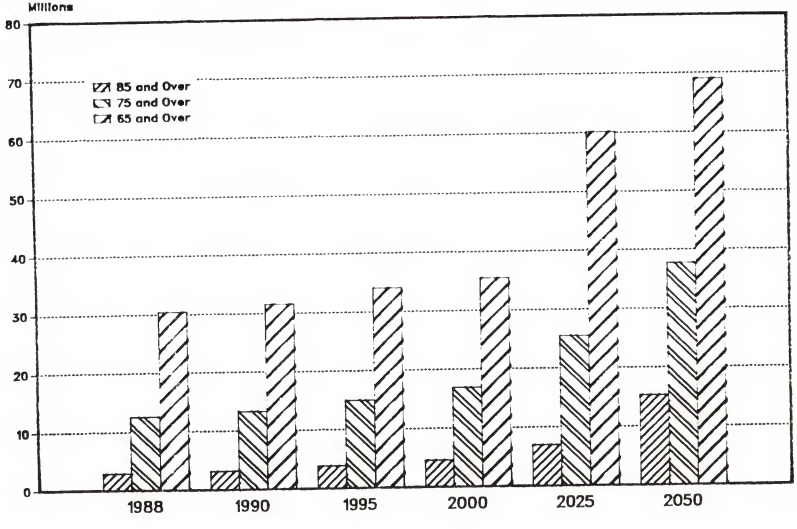
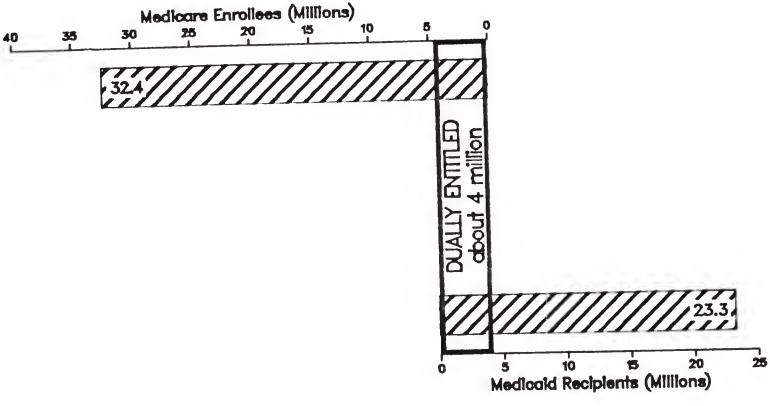
Aged Population of the United States
1970–1987



Projected Growth of the Aged Population, Social Security Areas



HCFA Programs Covered 52 Million People in 1987



LIFE EXPECTANCY AT AGE 65

Year	Male	Female
	(in years)	
1965	12.92	16.34
1980	14.04	18.36
1983	14.31	18.64
1984	14.31	18.66
1985	14.40	18.63
1986	14.79	18.69
1987	14.87	18.78
1988 (est.)	14.94	18.88

Source: Social Security Administration, Office of Actuary

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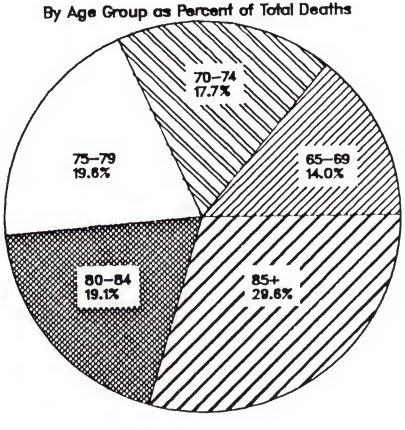
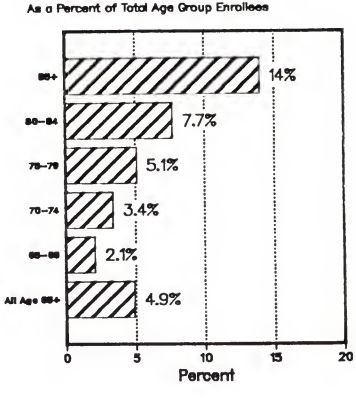
Deaths of Medicare Aged Enrollees During 1986





VI. INCOME

Information concerning household income and poverty status of the general, Medicare and Medicaid populations.

Economic Profile of Non-Institutionalized Persons Covered by Medicare and Medicaid, 1985

- Although household incomes of persons covered by Medicare are lower than household incomes of all persons, proportionately fewer Medicare persons lived in households with incomes below poverty levels.

- Household incomes of aged persons covered under Medicare are higher than incomes of disabled persons under Medicare. The percent of disabled persons whose household incomes fell below poverty levels was twice the rate of aged persons.

- The poverty rate of persons covered under Medicaid was nearly five times the rate of all persons in 1985.

- Among the Medicaid population, the poverty rate for children under age 18 is higher than the rate for older persons.

NUMBER AND PERCENT OF PERSONS IN THE GENERAL POPULATION LIVING BELOW POVERTY LEVEL

Year	Persons (in millions)	Percent
1959	39.5	22.4
1966	28.5	14.7
1970	25.4	12.6
1978	24.5	11.4
1979	26.1	11.7
1980	29.3	13.0
1981	31.8	14.0
1982	34.4	15.0
1983	35.3	15.2
1984	33.7	14.4
1985	33.1	14.0
1986	32.4	13.6

NOTE: Income estimates beginning in 1983 were based on improved measurement of interest income.

The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

Source: Bureau of Census, Poverty Statistics

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NUMBER AND PERCENT OF ELDERLY LIVING BELOW POVERTY LEVEL

Year	Persons		Poverty Level	
	Number (in millions)	Percent of Total Elderly	Single Person	Two Persons
1959	5.5	35.2	$1,397	$1,761
1966	5.1	28.5	1,565	1,970
1970	4.7	24.5	1,861	2,348
1978	3.2	13.9	3,127	3,944
1979	3.7	15.2	3,479	4,390
1980	3.9	15.7	3,949	4,983
1981	3.9	15.3	4,359	5,498
1982	3.8	14.6	4,626	5,836
1983	3.6	13.8	4,775	6,023
1984	3.3	12.4	4,979	6,282
1985	3.5	12.6	5,156	6,503
1986	3.5	12.4	5,255	6,630

NOTE: Income estimates beginning 1983 were based on improved measurement of interest income.

The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

Source: Bureau of Census, Poverty Statistics

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NUMBER AND PERCENT OF PERSONS AND FAMILIES WITH FEMALE HEADS
LIVING BELOW POVERTY LEVEL

Year	Persons		Families	
	Number (in millions)	Percent	Number (in millions)	Percent
1959	7.0	49.4	1.9	42.6
1966	6.9	39.8	1.7	33.1
1970	7.5	38.1	2.0	32.5
1978	9.3	35.6	2.7	31.4
1979	9.4	34.9	2.6	30.4
1980	10.1	36.7	3.0	32.7
1981	11.1	38.7	3.3	34.6
1982	11.7	40.6	3.4	36.3
1983	12.1	40.2	3.6	36.0
1984	11.8	38.4	3.5	34.5
1985	11.6	37.6	3.5	34.0
1986	11.9	38.3	3.6	34.6

NOTE: Income estimates beginning in 1983 were based on improved measurement of interest income.

The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

Source: Bureau of Census, Poverty Statistics

February 1988

Poverty Levels by Age: Money Income
and Money Income plus Noncash Benefits, 1985

(percent of populations)

Age	Money Income[1/]		Money Income and Noncash Benefits[2/]	
	Poor	Poor and Near Poor	Poor	Poor and Near Poor
All Persons	14.0	18.7	11.6	17.2
Under 18	20.7	26.0	17.3	24.6
18 - 64	11.3	15.1	9.9	14.3
65 and over	12.6	20.9	7.6	15.3

Poor: Below 100 percent of poverty level.
Poor and Near Poor: Below 125 percent of poverty level.

1/ Current poverty rate definition.

2/ Poverty Budget Share concept. For definition and alternative definitions of poverty see Estimates of Poverty Including the Value of Noncash Benefits 1985, Bureau of the Census, Technical paper 56.

Source: Bureau of the Census, U.S. Department of Commerce February 1988

Households with Noncash Benefits by Medicare and Medicaid Status of Household, 1985

	All Households	Medicare	Medicaid	Non Medicare/ Medicaid
Total Households (000)	88,458	21,833	8,178	58,447
Percent of Households with:				
Means Tested Noncash Benefits				
Food Stamps	7.7	7.0	55.4	1.2
Free or Reduced School Lunch	6.5	2.2	29.3	4.9
Public or Subsidized Renter of Occupied Housing	4.3	6.7	21.2	1.0
Medicaid	9.2	14.6	100.0	0
Non-Means Tested Noncash Benefits				
Regular Price School Lunch	13.3	2.4	3.6	18.8
Group Health Insurance	57.4	17.5	19.2	77.7
Employer or Union Pension Plan	44.1	13.5	13.1	59.8
Medicare	24.7	100.0	38.9	0

Definitions: Noncash Benefits - benefits received in a form other than money which enhance the economic well being of the recipient.

Value received by households thru employer or union contributions to health insurance or pension plan does not necessarily imply use. Enrollment in Medicare or Medicaid does not necessarily imply use.

Source: Bureau of the Census, U. S. Department of Commerce

February 1988

Households and Persons in Households With One or More Persons Covered by Medicare or Medicaid by Selected Characteristics, 1985

	All Households	Medicare	Medicaid
Number (000)	88,458	21,833	8,178
Mean income	$29,066	$19,839	$11,422
Median income	$23,618	$14,051	$ 7,000
Percent below Current Poverty Rate	13.6	15.9	58.5
Percent Distribution by Size of Household			
One Person	23.9	39.5	23.4
Two Persons	31.4	43.3	23.3
Three or more Persons	44.7	17.2	53.4
Mean Size of Household	2.65	1.94	2.99
Race and Spanish Origin of Householder			
White	86.6	88.9	66.8
Black	11.1	9.7	30.4
Spanish Origin 1/	5.9	3.5	12.3
Percent Distribution by Place of Residence	100.0	100.0	100.0
Inside Metropolitan Areas	77.3	72.8	75.1
Inside Central City	33.3	32.9	45.6
Outside Central City	44.0	39.9	29.5
Outside Metropolitan Areas	22.7	27.2	24.9
Percent Distribution of Work Experience of Householder	100.0	100.0	100.0
Worked	72.5	21.6	35.1
Full Time	64.7	12.5	25.6
40 or more weeks	57.7	9.9	15.4
Less than 40 weeks	7.0	2.6	10.2
Part Time	7.8	9.1	9.5
40 or more weeks	4.5	5.2	3.9
Less than 40 weeks	3.3	3.9	5.6
Did Not Work	27.5	78.4	64.9

1/ Persons of Spanish origin may be of any race.

Source: Bureau of the Census, U.S. Department of Commerce

February 1988

Non-institutionalized Persons 15 Years and Older Covered by Medicare, by Household Income and Poverty Status of the Primary Family or Individual, 1985

(In thousands)

Household Money Income	Age				Sex				Race and Spanish Origin					
	65 and over		Under 65		Male		Female		White		Black		Spanish Origin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	26,206	100.0	2,862	100.0	12,243	100.0	16,825	100.0	25,990	100.0	2,648	100.0	1,000	100.0
Under $5,000	2,304	8.8	315	11.0	591	4.8	2,029	12.1	2,039	7.8	551	20.8	135	13.5
$5,000-$9,999	5,868	22.4	589	20.6	2,109	17.2	4,348	25.8	5,599	21.5	809	30.6	269	26.9
$10,000-$14,999	4,639	17.7	500	17.5	2,315	18.9	2,824	16.8	4,596	17.7	482	18.2	168	16.8
$15,000-$19,999	3,705	14.1	411	14.4	1,993	16.3	2,123	12.6	3,763	14.5	303	11.4	126	12.6
$20,000-$24,999	2,534	9.7	243	8.5	1,351	11.0	1,427	8.5	2,598	10.0	140	5.3	75	7.5
$25,000-$34,999	3,120	11.9	407	14.2	1,765	14.4	1,761	10.5	3,277	12.6	185	7.0	100	10.0
$35,000-$49,999	2,135	8.1	238	8.3	1,150	9.4	1,222	7.3	2,197	8.5	122	4.6	77	7.7
$50,000 and over	1,901	7.3	160	5.6	969	7.9	1,092	6.5	1,921	7.4	57	2.2	49	4.9
Below Current Poverty Level	3,236	12.3	692	24.2	1,176	9.6	2,750	16.3	2,998	11.5	871	32.9	264	26.4

Source: Bureau of the Census, U.S. Department of Commerce

February 1988

Selected Characteristics of Non-institutionalized Persons 15 Years and Over Covered by Medicare: 1985

(numbers in thousands)

	Number	Percent
Relationship to Family Householder		
Total persons	29,068	100.0
In families	19,838	68.2
Householder	10,803	37.2
Spouse of householder	6,541	22.5
Other relative of householder	2,494	8.6
In unrelated subfamilies	17	0.1
Unrelated individuals	9,213	31.7
Marital Status		
Total persons	29,068	100.0
Married, spouse present	15,486	53.3
Married, spouse absent	546	1.9
Widowed	9,739	33.5
Divorced	1,371	4.7
Single (never married)	1,926	6.6
Work Experience in 1985		
Total persons	29,068	100.0
Worked	2,961	10.2
Worked at full-time jobs	1,629	5.6
40 weeks or more	933	3.2
27-39 weeks	128	0.4
26 weeks or less	568	2.0
Worked at part-time jobs	1,332	4.6
27-39 weeks	1,040	3.6
26 weeks or less	292	1.0
Did not work	26,107	89.8
Type of Residence		
Total persons	29,068	100.0
Inside metropolitan areas	21,145	72.7
Inside central cities	9,362	32.2
Outside central cities	11,783	40.5
Outside metropolitan areas	7,923	27.3

Source: Bureau of the Census, U.S. Department of Commerce

February 1988

Non-institutionalized Persons Covered by Medicaid, by Household Money Income and Poverty Status of the Primary Family or Individual, 1985

(numbers in thousands)

Household Money Income	Total		Under 18		18-64		65 and over	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	19,204	100.0	8,346	100.0	8,142	100.0	2,716	100.0
Under $2,500	1,333	6.9	650	7.8	613	7.5	70	2.6
$2,500-$4,999	4,106	21.4	1,814	21.7	1,565	19.2	727	26.8
$5,000-$7,499	4,310	22.4	1,977	23.7	1,693	20.8	641	23.6
$7,500-$9,999	2,505	13.0	1,183	14.2	1,021	12.5	302	11.1
$10,000-$12,499	1,705	8.9	746	8.9	743	9.1	215	7.9
$12,500-$14,999	1,136	5.9	501	6.0	517	6.3	118	4.3
$15,000-$19,999	1,466	7.6	570	6.8	684	8.4	211	7.8
$20,000 and over	2,643	13.8	904	10.8	1,307	16.1	433	15.9
Below Current Poverty Level	12,652	65.9	6,457	77.4	5,113	62.8	1,082	39.8

NOTE: Figures may not add to total, due to rounding.

Source: Bureau of the Census, U.S. Department of Commerce.

February 1988

Selected Characteristics of Non-institutionalized Persons Covered by Medicaid: 1985

(numbers in thousands)

Relationship to Family Householder	Number	Percent
Total persons	19,204	100.0
Male	7,586	39.5
In families	6,804	35.4
Householder	1,517	7.9
Husband of householder	160	0.8
Other relative of householder	5,128	26.7
In unrelated subfamilies	95	0.5
Unrelated individuals	1,686	3.6
Female	11,618	60.5
In families	9,709	50.6
Householder	2,890	15.0
Wife of householder	1,486	7.7
Other relative of householder	5,333	27.8
In unrelated subfamilies	223	1.2
Unrelated individuals	1,686	8.8
Marital Status		
Male	7,586	39.5
Married, wife present	1,572	8.2
Married, wife absent	163	0.8
Widowed	203	1.1
Divorced	256	1.3
Single (never married)	5,391	28.1
Female	11,618	60.5
Married, husband present	1,695	8.8
Married, husband absent	950	4.9
Widowed	1,542	8.0
Divorced	1,239	6.5
Single (never married)	6,191	32.2
Race and Spanish origin[1]		
White	12,134	63.2
Black	6,349	33.1
Spanish origin	2,724	14.2
Type of Residence		
Inside metropolitan areas	14,724	76.7
Inside central city	9,265	48.2
Outside central city	5,462	28.4
Outside metropolitan areas	4,477	23.3

[1] Persons of Spanish origin may be of any race.
Source: Bureau of the Census, U.S. Department of Commerce

February 1988

Mean Net Worth Holdings Excluding Home Equity by Age and Household Income, 1984

Age of Reference Person	Number of Households (thousands)	Mean Household Income	Mean Net Worth Excluding Home Equity				
				Household Income			
			Total	Less than $10,800	$10,800-23,999	$24,000-47,999	$48,000 or more
Total	86,783	$26,868	$42,695	$11,770	$25,160	$ 40,237	$156,824
65 or older	18,151	17,534	62,875	16,489	50,198	124,012	441,290
75 or older	7,468	14,002	52,795	17,483	56,743	139,381	369,841

February 1988

VII. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., admissions, discharges, days of care, etc.; and (3) dimensions of the services rendered, e.g., average length of stay, charges per day, etc. Utilization data are distributed for program coverage categories and type of service.

MEDICARE/SHORT-STAY HOSPITAL UTILIZATION

	FY 82	FY 83	FY 84	FY 85 1/	FY 86 1/
Discharges					
Total (millions)	11.1	11.6	11.5	10.9	10.7
Rate per 1,000 Enrollees	382	392	383	356	343
Days of Care					
Total (millions)	114	116	106	95	92
Rate per 1,000 Enrollees	3,933	3,918	3,534	3,106	2,947
Average Length of Stay per Discharge	10.3	10.0	9.2	8.7	8.6
Total Charges					
Amount (billions)	$ 46	$ 55	$ 56	$ 57	$ 61
Per Day	$400	$470	$535	$605	$668

1/Estimated

NOTE: Includes admissions and transfer to excluded units of PPS hospitals.

Source: HCFA/BDMS

February 1988

MEDICARE/SHORT-STAY HOSPITAL UTILIZATION TRENDS

Calendar Year	All Beneficiaries			
	Covered Days of Care (in millions)	Covered Days of Care Per 1,000 Enrollees	Mean Covered Charge Per Covered Day	Mean Interim Reimbursement Per Covered Day
1970	76.6	3,764	$ 76	$ 60
1971	75.9	3,661	88	68
1972	76.6	3,629	96	74
1973	82.5	3,539	105	81
1974	87.9	3,674	121	92
1975	90.0	3,653	147	111
1976	94.2	3,722	173	129
1977	96.4	3,694	199	147
1978	99.3	3,708	227	164
1979	102.3	3,727	257	184
1980	108.3	3,860	298	208
1981	110.5	3,865	353	243
1982	112.6	3,873	421	282
1983	111.1	3,756	491	315

Source: HCFA/BDMS

MEDICARE/SHORT-STAY HOSPITAL LENGTH OF STAY TRENDS

Calendar Year	Average Length of Stay (Days)	
	Aged	Disabled
1975	11.2	10.7
1976	11.1	10.5
1977	11.0	10.3
1978	10.8	10.1
1979	10.7	10.0
1980	10.7	10.0
1981	10.5	9.9
1982	10.2	9.7
1983	9.6	9.2

NOTE: See PPS Activity section for later data.

Source: HCFA/BDMS

February 1988

MEDICARE/TRENDS IN SHORT-STAY HOSPITAL ADMISSIONS[1]

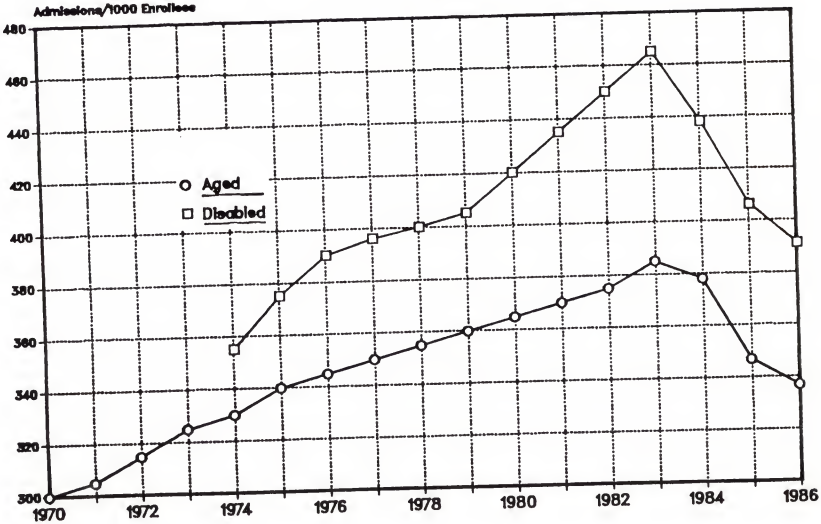
Calendar Year	Aged				Disabled			
	HI Enrollees[2] (millions)	Admissions			HI Enrollees[2] (millions)	Admissions		
		Number (thousands)	Rate Per 1,000 Enrollees	Annual Percent Change in Rate		Number (thousands)	Rate Per 1,000 Enrollees	Annual Percent Change in Rate
1970	20.2	6,045	299	--	--	--	--	--
1971	20.6	6,227	303	1.3	--	--	--	--
1972	20.9	6,521	312	3.0	--	--	--	--
1973	21.4	6,772	317	1.6	--	--	--	--
1974	21.8	7,068	324	2.2	1.9	687	358	--
1975	22.3	7,320	329	1.5	2.2	806	373	4.2
1976	22.7	7,706	339	3.0	2.4	919	386	3.5
1977	23.3	8,038	345	1.8	2.6	1,029	394	2.1
1978	23.8	8,308	349	1.2	2.8	1,115	401	1.8
1979	24.3	8,605	354	1.4	2.9	1,185	409	2.0
1980	24.9	9,185	369	4.2	3.0	1,250	424	3.4
1981	25.4	9,555[3]	377	2.0	3.0	1,303[3]	436	3.0
1982	25.9	10,007	386	2.6	2.9	1,330	452	3.7
1983	26.4	10,378	392	1.6	2.9	1,340	461	1.9
1984	26.9	10,171	378	-3.6	2.9	1,257	438	-5.1
1985	27.5	9,525	347	-8.3	2.9	1,175	406	-7.2
1986[4]	28.0	9,450	337	-2.9	2.9	1,150	391	-3.7

1/ Does not include admissions and transfers to excluded units.
2/ Excludes persons residing in foreign countries.
3/ Partially estimated.
4/ Preliminary.

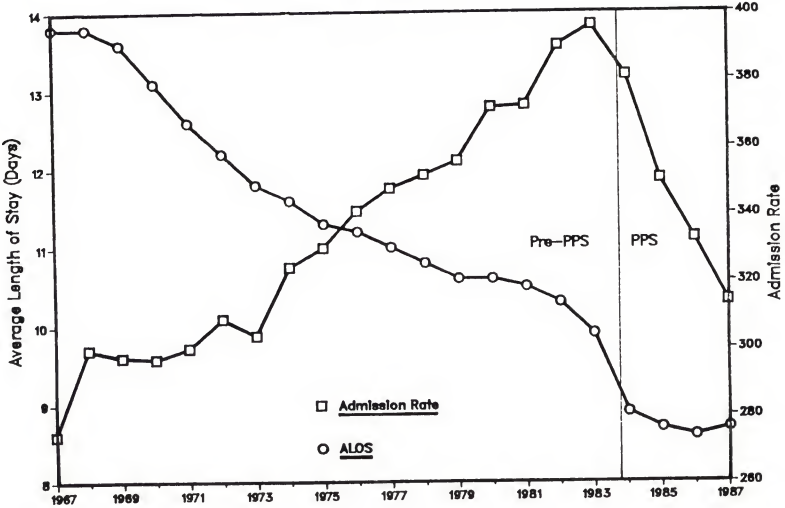
February 1988

Source: HCFA/BDMS

Medicare Short–Stay Hospital Admissions per 1000 HI Enrollees 1970–1986



Medicare Short-Stay Hospital Utilization
Admissions per 1000 Enrollees vs Average Length of Stay
1967-1987



MEDICARE/SHORT-STAY HOSPITAL DAYS PER PERSON

Covered Days Used in CY 85	Persons Using That Number of Days (in thousands)	Cumulative Percentage of Persons Using Days
Total	6,322	100.0
1	295	4.7
2	447	11.3
3	456	19.0
4	464	26.3
5	433	33.1
6	387	39.3
7	363	45.0
8	324	50.1
9	284	54.6
10	256	58.7
11	230	62.3
12	202	65.5
13	178	68.3
14	165	71.0
15	148	73.3
16	130	75.3
17	116	77.2
18	107	78.9
19	94	80.3
20	85	81.7
21-30	560	90.6
31-40	265	94.8
41-50	140	97.0
51-60	79	98.2
61-70	45	98.9
71-80	27	99.4
81-90	19	99.7
91-100	8	99.8
101-125	10	99.9
126-150	4	100.0
151+	1	100.0

NOTE: Based on a sample of Medicare beneficiaries using covered hospital services in CY 1985.

Source: HCFA/ORD

February 1988

MEDICARE/SHORT-STAY HOSPITAL DISCHARGES BY LENGTH OF STAY

- The overwhelming majority of stays (97%) are less than 31 days in duration and account for 85% of total days of care.
- Less than 1% of the stays are over 60 days and account for 5% of total days of care.

Total Length of Stay	Discharges (Aged and Disabled)			Total Days of Care		
	Number (in thousands)	Percentage Distribution	Cumulative Percentage Distribution	Number (in thousands)	Percentage Distribution	Cumulative Percentage Distribution
Total	9,901	100.0	100.0	85,161	100.0	100.0
1 Day(s)	646	6.5	6.5	646	0.8	0.8
2	942	9.5	16.0	1,884	2.2	3.0
3	968	9.8	25.8	2,904	3.4	6.4
4	978	9.9	35.7	3,912	4.6	11.0
5	890	9.0	44.7	4,451	5.2	16.2
6	773	7.8	52.5	4,638	5.4	21.6
7	711	7.2	59.7	4,979	5.8	27.5
8	605	6.1	65.8	4,842	5.7	33.2
9	500	5.0	70.8	4,496	5.3	38.5
10	425	4.3	75.1	4,252	5.0	43.4
11	354	3.6	78.7	3,898	4.6	48.0
12	290	2.9	81.6	3,477	4.1	52.1
13	239	2.4	84.1	3,103	3.6	55.8
14	216	2.2	86.2	3,018	3.5	59.3
15	180	1.8	88.0	2,694	3.2	62.5
16	145	1.5	89.5	2,314	2.7	65.2
17	120	1.2	90.7	2,046	2.4	67.6
18	103	1.0	91.8	1,852	2.2	69.8
19	86	0.9	92.6	1,632	1.9	71.7
20	73	0.7	93.4	1,466	1.7	73.4
21	68	0.7	94.1	1,438	1.7	75.1
22	58	0.6	94.6	1,283	1.5	76.6
23	49	0.5	95.2	1,131	1.3	77.9
24	43	0.4	95.6	1,023	1.2	79.1
25	38	0.4	96.0	956	1.1	80.2
26	33	0.3	96.3	855	1.0	81.2
27	29	0.3	96.6	791	0.9	82.2
28	29	0.3	96.9	816	1.0	83.1
29	26	0.3	97.2	751	0.9	84.0
30	22	0.2	97.4	670	0.8	84.8
31-40	131	1.3	98.7	4,561	5.4	90.2
41-50	57	0.6	99.3	2,554	3.0	93.2
51-60	28	0.3	99.6	1,565	1.8	95.0
61-90	29	0.3	99.8	2,077	2.4	97.4
91+	15	0.2	100.0	2,183	2.6	100.0

NOTE: These data reflect individual stays. A beneficiary may use more than one stay in a benefit period.
Calendar year data derived from 1985 MEDPAR file. This file includes discharges recorded in HCFA central office through December 1986.

February 1988

Source: HCFA/ORD

MEDICARE/SHORT-STAY HOSPITAL DISCHARGES DISTRIBUTED BY COINSURANCE DAYS

- Approximately 177 thousand or 1.8% of all short-stay hospital discharges involved at least 1 regular coinsurance day.
- Less than 50% of the discharges with coinsurance days involved 7 or more days. Nine percent of the discharges used all 30 coinsurance days.

	Discharges (Aged and Disabled)		Days of Care			
Coinsurance Days in Stay	Number (in thousands)	Cumulative Percentage Distribution	Total Days (in thousands)	Length of Stay (Days)	Coinsurance Days (in thousands)	Coinsurance Days as Percent of Total Days
Total	9,901	--	85,161	8.6	1,925	2.3
0 Days	9,723	--	79,129	8.1	--	--
1 - 30 Days	177	100.0	6,032	34.0	1,925	31.9
1	14	7.9	231	16.5	14	6.0
2	14	15.5	240	17.7	27	11.3
3	13	23.0	234	17.7	40	16.9
4	13	30.3	227	17.5	52	22.8
5	12	37.1	222	18.4	60	27.2
6	10	42.8	213	21.2	60	28.3
7	10	48.3	199	20.5	68	34.2
8	8	52.9	193	23.4	66	34.2
9	7	57.0	168	23.3	65	38.7
10	7	60.8	180	26.6	68	37.6
11	6	64.2	178	29.1	67	37.8
12	5	67.2	159	30.0	64	40.0
13	5	69.9	152	32.1	61	40.5
14	4	72.4	157	35.0	63	40.0
15	4	74.6	141	36.4	58	41.3
16	4	76.6	130	36.6	57	43.8
17	3	78.4	131	40.7	55	41.8
18	3	80.0	122	43.1	51	41.7
19	3	81.5	114	44.0	49	43.1
20	2	82.8	121	49.8	49	40.2
21	2	84.0	104	48.9	44	42.9
22	2	85.2	112	53.4	46	41.2
23	2	86.3	95	52.4	42	43.9
24	2	87.2	91	52.2	42	46.0
25	2	88.2	93	54.6	42	45.8
26	1	89.0	84	59.2	37	43.9
27	1	89.8	80	58.7	37	46.0
28	1	90.6	91	65.1	39	43.0
29	1	91.2	74	62.1	35	46.7
30	16	100.0	1,694	108.8	467	27.6

(Calendar year 1985 data.)

February 1988

Source: HCFA/ORD

PART B MEDICARE ANNUAL DATA - BMAD
LEADING HCPCS BY ALLOWED CHARGES - 1985

ALLOWED CHARGES (millions)	HCPCS	DESCRIPTION
$719	90050	- OFFICE VISIT - ESTABLISHED PATIENT - LIMITED SERVICE
707	90060	- OFFICE VISIT - ESTABLISHED PATIENT - INTERMEDIATE SERVICE
699	90260	- HOSPITAL VISIT - REQUIRING INTERMEDIATE SERVICE
591	90250	- HOSPITAL VISIT - REQUIRING LIMITED SERVICE
535	66984	- EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF IOL
464	66983	- INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF IOL
367	90220	- COMPREHENSIVE HISTORY AND EXAMINATION
326	90620	- INITIAL CONSULTATION - COMPREHENSIVE SERVICE
270	52601	- TRANSURETHRAL RESECTION OF PROSTATE
266	93000	- ELECTROCARDIOGRAM, WITH INTERPRETATION AND REPORT
252	71020	- RADIOLOGIC EXAM - CHEST - TWO VIEWS FRONTAL AND LATERAL
246	90040	- OFFICE VISIT - ESTABALISHED PATIENT - BRIEF SERVICE
218	90240	- HOSPITAL VISIT - REQUIRING BRIEF SERVICE
213	A0010	- AMBULANCE SERVICE - BASIC LIFE SUPPORT - EMERGENCY BASE RATE
194	90270	- HOSPITAL VISIT REQUIRING EXTENDED ONE-WAY SERVICES
182	90070	- OFFICE VISIT - ESTABALISHED PATIENT - EXTENDED SERVICE
154	90080	- OFFICE VISIT - ESTABALISHED PATIENT - COMPREHENSIVE SERVICE
153	E1396	- OXYGEN CONCENTRATOR, EQUIVALENT TO OVER 1952 CUBIC FEET
146	27130	- ARTHROPLASTY, (TOTAL HIP REPLACEMENT)
135	93010	- ELECTROCARDIOGRAM, INTERPRETATION AND REPORT ONLY
129	90020	- OFFICE VISIT - NEW PATIENT - COMPREHENSIVE SERVICE
128	71010	- RADIOLOGIC EXAM, CHEST, SINGLE VIEW, FRONTAL
126	33512	- CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT; 3 CORONARY GRAFTS
123	35301	- THROMBOENDARTERECTOMY, CAROTID, VERTEBRAL, SUBCLAVIN, NECK INCISION
118	27447	- ARTHROPLASTY, (TOTAL KNEE REPLACEMENT)
112	90215	- INITIAL HOSPITAL CARE - INTERMEDIATE HISTORY AND EXAM
110	A2000	- MANIPULATION OF SPINE BY CHIROPRACTOR
108	27244	- OPEN TREATMENT OF FEMORAL FRACTURE
106	33513	- CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, 4 CORONARY GRAFTS
105	E0445	- OXYGEN CONCENTRATOR OR EXTRACTOR, EQUIPMENT AND ACCESSORIES
100	43235	- UPPER GASTROINTESTINAL ENDOSCOPY - COMPLEX DIAGNOSTIC
98	44140	- COLECTOMY, PARTIAL; WITH ANASTOMOSIS
98	90630	- INITIAL CONSULTATION; COMPLEX
94	27236	- OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE
90	80019	- AUTOMATED MULTICHANNEL TEST; 19 CLINICAL CHEMICAL TESTS
83	E0410	- OXYGEN CONTENTS, LIQUID, PER POUND
81	92014	- OPHTHALMOLOGICAL SERVICES - COMPREHENSIVE, ESTABLISHED PATIENT
80	93274	- ELECTROCARDIOGRAPHIC MONITORING
79	45378	- COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE, DIAG PROC
73	93547	- COMBINED LEFT HEART CATHETERIZATION
72	90844	- INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN
71	70470	- COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN
69	81000	- URINALYSIS; ROUTINE
69	90610	- INITIAL CONSULTATION, EXTENSIVE
69	92012	- OPHTHALMOLOGICAL SERVICES; INTERMEDIATE, ESTABLISHED PATIENT
68	90280	- HOSPITAL SUBSEQUENT CARE - EACH DAY - COMPREHENSIVE SERVICES
68	76516	- OPHTHALMIC BIOMETRY BY ULTASOUND ECHOGRAPHY, A-MODE
68	43239	- UPPER GI ENDOSCOPY FOR BIOPSY AND/OR COLLECTION OF SPECIMEN
67	90015	- OFFICE VISIT - NEW PATIENT - INTERMEDIATE SERVICE
67	88304	- SURGICAL PATHOLOGY, UNCOMPLICATED SPECIMEN
66	99160	- CRITICAL CARE, REQUIRING PROLONGED PRESENCE OF PHYSICIAN
65	45385	- COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE

64	47605	- CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY
64	49505	- REPAIR OF INGUINAL HERNIA
63	E0620	- SEAT LIFT CHAIR, MOTORIZED
61	93549	- COMBINED RIGHT AND LEFT HEART CATHETERIZATION
57	33511	- CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, 2 CORONARY GRAFTS
56	90515	- EMERGENCY DEPARTMENT - NEW PATIENT - INTERMEDIATE SERVICE
55	A0020	- AMBULANCE SERVICE, (BLS) PER MILE, ONE-WAY
54	88305	- SURGICAL PATHOLOGY - GROSS EXAM W/O COMPLEX DISSECTION
54	99173	- CRITICAL CARE - FOLLOW-UP VISIT; BRIEF EXAM
53	70450	- COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRIAN; W/O CONTRAST MATERIAL
53	90292	- HOSPITAL DISCHARGE - DAY MANAGEMENT
53	77405	- DAILY MEGAVOLTAGE TREATMENT MANAGEMENT; INTERMEDIATE
52	47600	- CHOLECYSTECTOMY
50	66985	- INSERTION OF INTRAOCULAR LENS SUBSEQUENT TO CATARACT REMOVAL
49	77410	- DAILY MEGAVOLTAGE TREATMENT MANAGEMENT; COMPLEX
49	90517	- EMERGENCY DEPARTMENT - NEW PATIENT - EXTENDED SERVICE
49	E0265	- HOSPITAL BED, TOTAL ELECTRIC WITH SIDERAILS
48	E0255	- HOSPITAL BED, WITH SIDE RAILS VARIABLE HEIGHT
48	52000	- CYSTOURETHROSCOPY
47	90843	- MEDICAL PSYCHOTHERAPY BY A PHYSICIAN (20 - 30 MINUTES)

THE ABOVE LISTED HCPCS REPRESENT 50.2% ($10,776 MILLION) OF THE
TOTAL ALLOWED CHARGES ($21,478 MILLION) FOR CY 1985.

Source: HCFA/BDMS

February 1988

MEDICARE PERSONS SERVED/TRENDS

	Calendar Year								
	1967	1975	1980	1981	1982	1983	1984	1985 1/	1987 1/
Aged Persons Served per 1,000 Enrollees									
HI and/or SMI	366	528	638	655	641	660	686	722	762
HI	203	221	240	243	251	251	240	224	210
SMI	364	536	652	669	653	672	699	739	781
Disabled Persons Served per 1,000 Enrollees									
HI and/or SMI	--	450	594	615	608	629	639	668	696
HI	--	219	246	251	257	258	243	232	223
SMI	--	471	634	656	651	670	684	715	737

1/ Estimated

Source: HCFA/BDMS

February 1988

MEDICARE PERSONS SERVED/TYPE OF SERVICE - CY 1985

	Aged		Disabled	
	Persons Served[1/] (in thousands)	Served per 1,000 Enrollees	Persons Served[1/] (in thousands)	Served per 1,000 Enrollees
Hospital and/or Supplementary Medical Insurance	20,345	722	1,943	668
Hospital Insurance	6,200	224	675	232
Inpatient Hospital	5,850	211	650	224
Skilled Nursing Facility	304	11	10	3
Home Health Agency	1,448	52	101	35
Supplementary Medical Insurance	20,185	739	1,915	715
Physician and Other Medical	19,589	730	1,820	680
Outpatient	9,888	369	1,095	409
Home Health Agency	27	1	2/	--

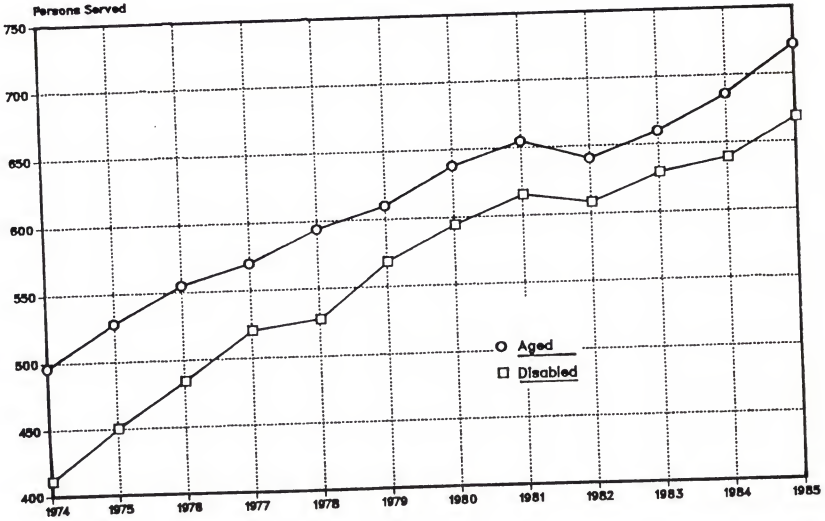
1/ Medicare enrollees who received a covered service for which: 1) Medicare Trust Fund payments were made and 2) bills were received and processed in HCFA central office (some categories were estimated due to incomplete billing).

2/ Less than 500.

Source: HCFA/BDMS

February 1988

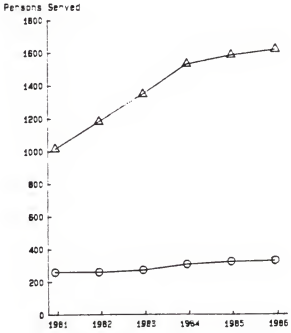
Medicare – Persons Served per 1000 Enrollees
HI and/or SMI
1974–1985



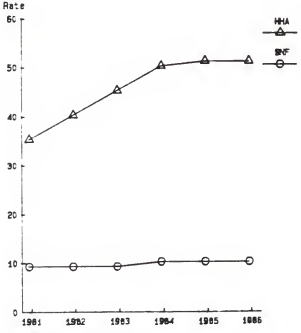
Medicare/Trends in Use of Selected Types of Long Term Care

Calendar Year	Skilled Nursing Facilities: Persons Served (in thousands)	Skilled Nursing Facilities: Rate Per 1,000 Enrollees	Home Health Agency: Persons Served (in thousands)	Home Health Agency: Rate Per 1,000 Enrollees
1981	251	9	1,005	35
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986 (est.)	320	10	1,610	51

Persons Served in Thousands



Rate per 1,000 Enrollees



Source: HCFA/BDMS

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END STAGE RENAL DISEASE/CARE PROVIDED BY
MEDICARE APPROVED FACILITIES

	Calendar Year			
	1983	1984	1985	1986
Dialysis Patients	71,987	78,483	84,797	90,886
In-unit	58,342	63,245	68,394	73,800
Home	13,645	15,238	16,403	17,086
Transplant Patients	6,098	6,933	7,676	8,948
Transplant Procedures	6,112	6,968	7,695	8,976
Living Related Donor	1,784	1,704	1,876	1,887
Cadaveric Donor	4,328	5,264	5,819	7,089
Average Dialysis Payment Rate	$134	$129	$129	$127
Hospital Based	$135	$131	$131	$129
Independents	$133	$127	$127	$125

Source: HCFA/BDMS and BERC

February 1988

MEDICARE/ESRD PATIENTS BY TREATMENT SETTING - CY 1986

HCFA Region	Number of Patients			Percent Distribution		
	Total	In-Center	At Home	Total	In-Center	At Home
All Regions	90,886	73,800	17,086	100.0	81.2	18.8
Boston	4,163	3,394	769	100.0	81.5	18.5
New York	13,073	10,896	2,177	100.0	83.3	16.7
Philadelphia	10,968	9,103	1,865	100.0	83.0	17.0
Atlanta	18,200	14,734	3,466	100.0	81.0	19.0
Chicago	14,355	11,074	3,281	100.0	77.1	22.9
Dallas	10,243	8,677	1,566	100.0	84.7	15.3
Kansas City	3,592	2,484	1,108	100.0	69.2	30.8
Denver	1,687	1,189	498	100.0	70.5	29.5
San Francisco	12,379	10,856	1,523	100.0	87.7	12.3
Seattle	2,226	1,393	833	100.0	62.6	37.4

Source: HCFA/BDMS

February 1988

MEDICAID/TYPE OF SERVICE

	Recipients (in thousands)	
	FY 1985	FY 1986
Total	21,814	22,518
Inpatient Services		
General Hospitals	3,434	3,545
Mental Hospitals	60	52
Skilled Nursing Facility Services	547	571
ICF Services		
Mentally Retarded	147	145
All Other	828	828
Physician Services	14,387	14,897
Dental Services	4,672	5,162
Other Practitioner Services	3,357	3,451
Outpatient Hospital Services	10,072	10,711
Clinic Services	2,121	2,033
Laboratory and Radiological Services	6,354	7,122
Home Health Services	535	593
Prescribed Drugs	13,921	14,704
Family Planning Services	1,636	1,733
Early and Periodic Screening	1,902	2,146
Rural Health Clinic Services	86	108
Other Care	3,383	3,316

Source: HCFA/OACT/OMES/DMS

MEDICAID/UNITS OF SERVICES - FY 1986

	Units (in thousands)
General Hospital	
Total Discharges	3,670
Recipients Discharged	2,537
Total Days of Care	29,336
Skilled Nursing Facility	
Total Recipients	571
Total Days of Care	106,634
Intermediate Care Facility (excluding MR)	
Total Recipients	828
Total Days of Care	217,972
Home Health Visits	15,807
Physician Visits	80,748
Rural Health Clinic Visits	248
Drug Prescriptions	206,302

Source: HCFA/OACT/OMES/DMS

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MEDICAID/ABORTIONS

	FY 1984	FY 1985	FY 1986	FY 1987
Total Number Reported	893	865	243	165
Annual Percent Change	--	-3.1	-71.9	-32.1
Total Expenditures (thousands)	$768	$1,252	$140	$139
Annual Percent Change	--	63.0	-88.8	-0.7

Source: HCFA/BQC

MEDICAID/EPSDT

	FY 1983	FY 1984	FY 1985	FY 1986
Total Reported Individuals Screened (in thousands)	2,040	1,867	2,373	2,820
Total Payments for Screening (in millions) 1/	$84	$79	$109	$129
Average Screening Cost	$41	$42	$46	$46

1/ Excludes treatment costs for referable conditions.

Source: HCFA/BQC

MEDICAID/EPSDT

	FY 1987
Average number of eligible children	9,590,943
Average number enrolled in continuing care arrangements	849,512
Percent of eligible children enrolled	8.9
Number of initial and periodic examinations	2,844,828
Number of examinations where at least one referable condition was indentified	779,204

NOTE: From HCFA-420 EPSDT quarterly reports. Excludes Puerto Rico, American Samoa and the Northern Marianas.

Source: HCFA/BQC

February 1988

NATIONAL/COMMUNITY HOSPITAL UTILIZATION TRENDS

	Admissions (in millions)	Inpatient Days (in millions)	Average Stay (days)	Outpatient Visits (in millions)	Adjusted Expense Per Patient Day
1973	31.7	248	7.8	173	$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987(Est.)	32.1	230	7.2	240	542

(12 month period ending in September.)

Source: American Hospital Association data for 1973-1986 are based on annual survey data as reflected in American Hospital Association's Hospital Statistics, 1974-1987 Editions. Data for 1987 are partially estimated using AHA's Community Panel Survey.

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VIII. PROVIDERS/SUPPLIERS

Information about institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section IX).

Current and trend data are shown by type of provider/supplier and program participation.

MEDICARE INPATIENT HOSPITALS/TRENDS

	1975	1980	1985	1986	1987
Total Hospitals	6,773	6,777	6,707	6,720	6,734
Beds (thousands)	1,140	1,150	1,144	1,146	1,136
Beds per 1,000 Enrollees 1/	51.7	46.7	42.5	41.7	40.6
Short-Stay	6,107	6,104	6,034	5,994	5,895
Beds (thousands)	902	991	1,027	1,026	1,008
Beds per 1,000 Enrollees 1/	40.9	40.2	38.2	37.4	36.0
Psychiatric	385	408	474	509	561
Beds (thousands)	199	131	95	97	96
Beds per 1,000 Enrollees 1/	9.0	5.3	3.5	3.5	3.4
Other Long-Stay	281	265	199	217	278
Beds (thousands)	40	28	22	23	33
Beds per 1,000 Enrollees 1/	1.8	1.1	0.8	0.8	1.2

1/ Based on number of aged HI enrollees. 1987 figures are based on enrollment as of July 1, 1986.

NOTE: Facilities certified for Medicare are deemed to meet Medicaid standards.

Source: HCFA/BDMS

OTHER MEDICARE PROVIDERS AND SUPPLIERS/TRENDS

	1975	1980	1985	1986	1987
Skilled Nursing Facilities	5,295	5,052	6,451	6,897	7,262
Beds (thousands)	287	436	N/A	449	845
Home Health Agencies	2,242	2,924	5,679	5,978	5,887
Independent Laboratories	3,048	3,447	3,980	4,138	4,381
End Stage Renal Disease Facilities	--	999	1,393	1,449	1,644
Outpatient Physical Therapy	117	419	854	907	977
Portable X-Ray	132	216	308	347	374
Rural Health Clinics	--	391	428	432	451
Comprehensive Outpatient Rehabilitation Facilities	--	--	72	96	124
Ambulatory Surgical Centers	--	--	336	574	765
Hospices	--	--	164	268	390

N/A: Not Available

Source: HCFA/BDMS

February 1988

SELECTED MEDICARE FACILITIES/TYPE OF CONTROL

	Short-Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	5,994	6,897	5,978
Non-Profit	55.5%	23.0%	37.9%
Proprietary	13.8%	69.3%	35.2%
Government	30.7%	7.7%	26.9%

(July 1986)

NOTE: Facilities certified for Medicare are deemed to meet Medicaid standards.

Source: HCFA/BDMS

MEDICARE PIP FACILITIES/TRENDS

	1975	1980	1984	1985	1986	1987
Hospitals						
Number of PIP	1,524	2,276	3,201	3,242	3,381	1,550
Percent of Total Participating	22.5	33.8	48.0	48.3	50.3	23.1
Skilled Nursing Facilities						
Number of PIP	161	203	243	224	233	256
Percent of Total Participating	4.1	3.9	4.1	3.4	3.3	3.5
Home Health Agencies						
Number of PIP	86	481	785	931	1,094	1,129
Percent of Total Participating	3.8	16.0	16.6	16.0	18.4	19.3

(Data for 1983 and later as of September; prior years as of December. Facilities receiving periodic interim payments (PIP) under Medicare.)

NOTE: Effective for claims received on or after July 1, 1987, the Omnibus Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for inpatient services in PPS hospitals except for those having a disproportionate share adjustment of at least 5.1 percent during FY 1987 and for rural hospitals with fewer than 100 beds where the servicing intermediary meets specified processing time standards.

Source: HCFA/BDMS and BPO

February 1988

MEDICARE ASSIGNED CLAIMS/TRENDS

Fiscal Year	Net Assignment Rate
1975	51.9
1976	51.0
1977	50.5
1978	50.6
1979	51.1
1980	51.4
1981	52.2
1982	52.8
1983	53.5
1984	56.4
1985	67.7
1986	68.0
1987	71.7

Source: HCFA/BPO

February 1988

Medicare/Participating Physician and Supplier Program

Participation Status - January 1, 1987

30.6% Physicians*	159,091 Participating 519,635 Billing Medicare
18.6% Suppliers	14,052 Participating 75,692 Billing Medicare

Comparison to Prior Enrollments

	January 1987		May 1986	October 1985
	Number	%	%	%
Physicians*	159,091	30.6	28.3	28.4
Suppliers	14,052	18.6	19.0	23.0
Total	173,143	29.1	27.1	27.7

*Includes M.D.s, D.O.s, and limited license practitioners.

The participating physician/supplier program was originally enacted as part of the Deficit Reduction Act (DEFRA). Congress provided additional incentives through the Omnibus Budget Reconciliation Act (OBRA). HCFA wrote to physicians and suppliers to explain the benefits of participation beginning January 1, 1987. Physicians and suppliers were given the opportunity to enroll or terminate participation between November 15, 1986 and January 30, 1987.

- The overall participation percentages increased in 37 States and the District of Columbia while decreasing in 13 States.

NOTE: Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in his private practice but not in his group practice is counted as participating.

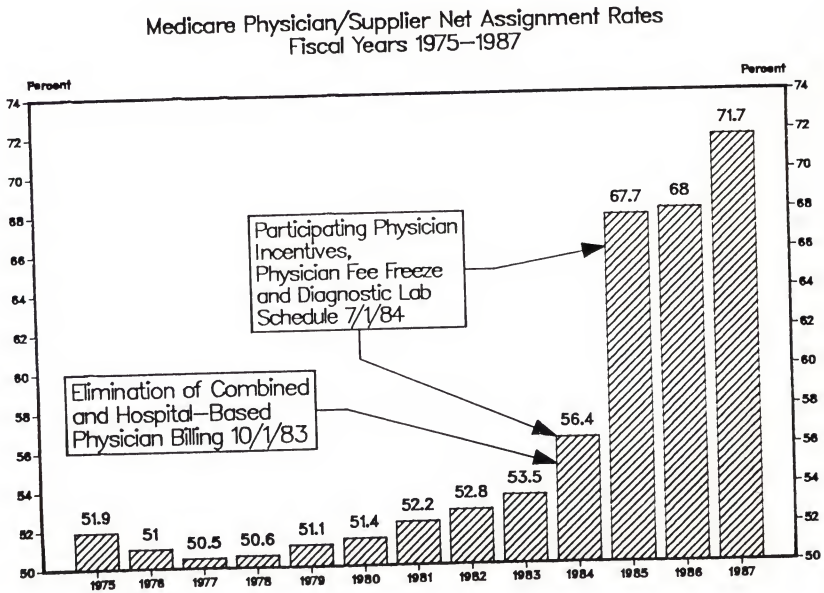
Source: HCFA/BPO

February 1988

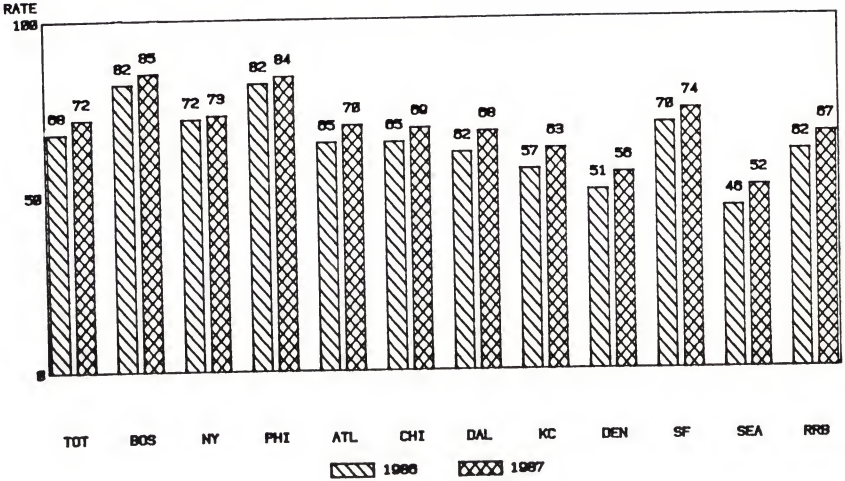
Specialty	January 1987 Participation Percentage
Physicians (M.D.s and D.O.s)	
General Practice	25.6
General Surgery	37.2
Otology, Laryngology, Rhinology	27.0
Anesthesiology	20.3
Cardiovascular Disease	43.2
Dermatology	38.1
Family Practice	27.1
Internal Medicine	33.6
Neurology	37.2
Obstetrics - Gynecology	31.5
Ophthalmology	35.1
Orthopedic Surgery	32.6
Pathology	41.2
Psychiatry	28.6
Radiology	39.8
Urology	30.9
Nephrology	49.7
Clinic or Other Group Practice-Not GPPP	50.6
Other Physicians	19.5
Total Physicians	30.1
Limited License Practitioners (LLP)	
Chiropractor	19.7
Podiatry - Surgical Chiropody	33.4
Optometrist	44.1
Other Limited License Practitioners (Audiologist, psychologist, physical therapist)	30.9
Total Limited License Practitioners	30.4
Suppliers	
Independent Laboratory	37.2
Durable Medical Equipment Suppliers	16.6
Ambulance Service Suppliers	27.9
Other Suppliers	15.5
Total Suppliers	18.3

Source: HCFA/BPO

February 1988


Medicare Physician/Supplier Net Assignment Rates
Fiscal Years 1975–1987
Percent
Percent
74
72
70
68
66
64
62
60
58
56
54
52
50
51.9
51
50.5
50.6
51.1
51.4
52.2
52.8
53.5
56.4
67.7
68
71.7
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
Participating Physician Incentives, Physician Fee Freeze and Diagnostic Lab Schedule 7/1/84
Elimination of Combined and Hospital–Based Physician Billing 10/1/83

Medicare Assignment Rate by Region, FY86 vs FY87



MEDICARE/PRIVATE HEALTH PLAN OPTION OPERATIONS

Current TEFRA Risk Contract Summary: (as of January 1, 1988)

-- 133 Signed contracts in 33 States (includes 23 CMPs)
-- 27 Pending contracts in 2 additional States (includes 6 CMPs)
-- $213 Average monthly payment per enrollee
-- $195 Average monthly ACR
-- $ 18 Average monthly savings returned to beneficiary
-- $235m Prospective payments made for January 1988

o TEFRA risk enrollment reached 981,145 for January 1988.

-- Enrollment decreased 2.2 percent from December to January 1988.

-- In 9 States, TEFRA risk enrollees account for more than 5% of the Medicare population (Minnesota 29%, Hawaii 26%, Nevada 14%, Oregon 11%, New Mexico 10%, Florida 9%, Colorado 9%, California 8%, and Massachusetts 7%).

Federal Qualification (as of 10/87)

	Qualified	Pending
o HMOs	489	64
o CMPs	29	12

Source: HCFA/OPHC

February 1988

MEDICARE/PRIVATE HEALTH PLAN OPTION OPERATIONS

BENEFIT AND PREMIUM SUMMARY

TEFRA RISK HMOs AND CMPs

(as of 12/1/87)*

	Ext Hospital Days	Ext SNF Days	Preventive Care	Outpatient Drugs	Eye Care	Ear Care	Dental	Mental Health	Misc
Number and	126	44	129	90	107	62	23	51	60
Percent of Plans offering benefits over and above Medicare covered either basic or high option package	80%	29%	82%	57%	68%	39%	15%	32%	38%

Plans charging copays for basic package: 120 yes (76%); 37 no (23%)

Plans offering high option package: 39 or 24% (72% with copays; 28% without)

Basic premium range:

Number of plans	Range	%
16	$0	10
20	below $20.00	12
81	$20.00 - $38.51	52
40	above $38.51	26

Average basic premium = $27.66 Highest basic premium = $54.50

Note: *Updated 1988 statistics will be available in the February report.

February 1988

Source: HCFA/OPHC

ENROLLMENT AND PAYMENT SUMMARY
(as of January 1, 1988)

Medicare HMO/CMP Data

Type of Contract	Number of Contracts	Number of Enrollees	Jan. 88 Payment (millions)	Payment Fiscal Year to Date (millions)
RISK	1/			
TEFRA	133	981,145	$234.9	$842.4
Old Risk	4	53,154	6.6	32.9
Demos	6	26,343	6.0	28.9
Subtotal	143	1,060,642	$247.5	$904.2
TEFRA COST	35	116,338	7.9	32.9
OTHER 2/	--	9,566	$ .5	$ 3.0
Subtotal HMO/CMP	178	1,186,546	255.9	$940.1
PART B 3/ HCPP	33	576,422	35.2	150.4
TOTAL	211	1,762,968	$291.1	$1090.5

1/ Includes 7 contracts which have been signed, but for which no payment has yet been made.

2/ 12 plans with TEFRA risk contracts have enrolles still being paid under the cost methods.

3/ Includes enrollment from 11 HCPPs which have signed risk contracts.

February 1988

Source: HCFA MEHO

SUMMARY OF RISK CONTRACTS BY CATEGORY (as of January 1, 1988)

Category	Number of Contracts	%	Number of Enrollees	%
Signed TEFRA Risk Contracts				
Model				
IPA	74	62%	518,437	53%
Group	39	23%	343,866	35%
Staff	20	15%	118,842	12%
Ownership				
Profit	56	42%	396,229	41
Nonprofit	77	58%	584,916	59
Billing Method				
Option A	1	--	0	--
Option B	21	17	104,140	11%
Option C	111	83	877,005	89%
Open Enrollment (as of Feb. 87)				
Continuous	123	84%	744,093	86%
30 days	20	12%	79,441	9%
Closed (at capacity)	0	--	--	--
Other	8	4%	43,553	5%
Pending TEFRA Risk Contracts				
Model				
IPA	24	85%		
Group	2	8%		
Staff	2	7%		
Ownership				
Profit	18	63%		
Nonprofit	10	37%		

Source: HCFA/OPHC

February 1988

MEDICARE/PRIVATE HEALTH PLAN OPTION OPERATIONS

MEDICARE PREPAID OPERATIONS
(Pre and Post-TEFRA Comparison)

	Pre-TEFRA (As of March 1985)		Post-TEFRA (As of Janaury 1988)	
	# Plans	# Enrollees	# Plans	# Enrollees
TEFRA Risk	---	---	133	981,145
Old Risk	4	37,353	4	53,154
Cost Basis	65	116,608	35	125,904
DEMO	39	310,023	6	26,343
Total HMO	108	463,984	178	1,186,546
HCPPs & GPPPs	46	612,131	33	576,422
Total Prepaid	154	1,076,115	211	1,762,968
		(3.6% of Total Medicare Beneficiaries)		(5.7% of Total Medicare Beneficiaries)

February 1988

Source: HCFA/OPHC

PHYSICIANS/TRENDS

Year	Type of Physician: Total	Doctors of Medicine (M.D.)	Doctors of Osteopathy (D.O.)	Active Physicians per 10,000 Population
1970	326,500	314,200	12,300	15.6
1971	337,400	325,000	12,400	15.9
1972	348,300	335,500	12,800	16.3
1973	355,700	342,500	13,200	16.4
1974	370,000	356,400	13,600	16.9
1975	384,500	370,400	14,100	17.4
1976	399,500	385,000	14,500	17.9
1977	405,900	390,800	15,100	18.0
1978	424,000	408,300	15,700	18.6
1979	440,400	424,000	16,400	19.1
1980	457,500	440,400	17,100	19.7
1981	466,700	448,700	18,000	19.9
1982	483,700	465,000	18,700	20.5
1983	501,200	481,500	19,700	21.1
1984	N/A	N/A	N/A	N/A
1985	534,800	512,900	21,900	22.0
1986	544,800	522,000	22,800	22.5
Projected				
1990	587,700	559,500	28,200	23.5
2000	696,500	656,100	40,400	26.0

(Data are based on reporting by physicians and medical schools.)

NOTES: The population includes U.S. residents in the 50 States, District of Columbia, and civilians in Puerto Rico, other U.S. outlying areas and the Armed Forces abroad. The number of M.D.'s differ from American Medical Association figures because a variant proportion of the physicians not classified by activity status and whose addresses are unknown are allocated into the totals.

Sources: HRSA/Bureau of Health Professions and Bureau of Census

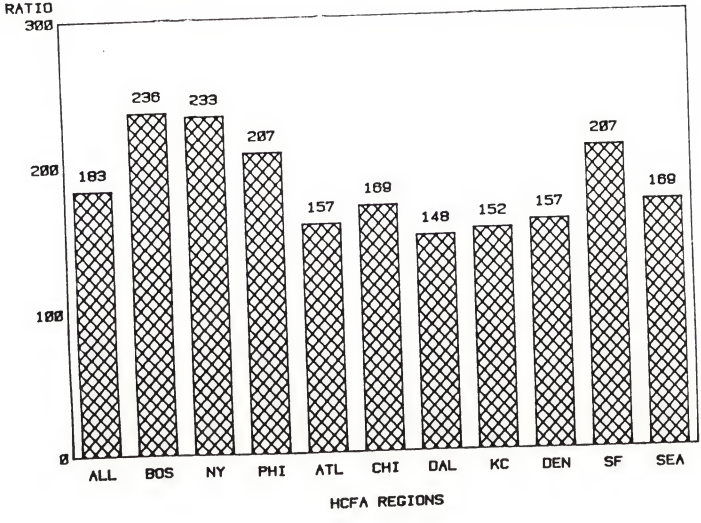
February 1988

Ratio of Non-Federal Physicians Involved in Patient Care per 100,000 Civilian Population, 1986

HCFA Regions	Ratio	Index
All Regions	183	1.00
Boston	236	1.29
New York	233	1.27
Philadelphia	207	1.13
Atlanta	157	0.86
Chicago	169	0.92
Dallas	148	0.81
Kansas City	152	0.83
Denver	157	0.86
San Francisco	207	1.13
Seattle	169	0.92

Source: American Medical Association February 1988

Ratio of Non–Federal Physicians, Involved in Patient Care, per 100,000 Civilian Population, 1986



PHYSICIAN SPECIALTIES/TRENDS

	1970		1983		1985		1986	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Non-Federal Physicians Active in Patient Care	255,027	100.0	408,075	100.0	431,527	100.0	444,705	100.0
Medical Specialties	60,968	23.9	122,527	30.0	132,519	30.7	139,957	31.5
Surgical Specialties	75,991	29.8	114,376	28.0	118,955	27.6	120,705	27.1
Other Specialties	63,970	25.1	110,992	27.2	117,109	27.1	120,537	27.1
General Practice	54,098	21.2	60,180	14.7	62,944	14.6	63,506	14.3

Source: American Medical Association

PHYSICIAN INCOME AND EXPENSES/1986

	Mean Net Income*	Mean Expenses							
		Mean	Total	Non-Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	Other
	(thous.)	(thous.)	(Percentage Distribution)						
All Physicians	$ 119.5	$118.4	100.0	32.8	24.1	11.1	10.8	5.9	15.3
Specialty									
General/Family Practice	80.3	119.9	100.0	35.4	24.4	14.7	6.1	5.8	13.7
Internal Medicine	109.4	110.5	100.0	31.9	25.3	13.5	6.4	5.2	17.6
Surgery	162.4	148.6	100.0	32.4	25.6	9.0	14.3	5.7	13.0
Pediatrics	81.8	93.2	100.0	37.9	22.3	15.9	6.8	5.0	12.1
Obstetrics/Gynecology	135.9	149.5	100.0	30.6	25.3	9.4	19.6	4.8	10.2

* After expenses, before taxes.

Source: Socioeconomic Characteristics of Medical Practice, American Medical Association. February 1988

PHYSICIAN INCOME AND EXPENSES/TRENDS

Year	Mean Net Income*	Mean Expenses							
		Mean	Total	Non-Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	Othe
	(thous.)	(thous.)	(Percentage Distribution)						
1983	$104.1	$85.4	100.0	34.0	24.8	10.9	8.1	6.0	16.
1984	108.4	94.0	100.0	33.2	26.0	11.4	8.9	5.9	14.
1985	112.2	102.7	100.0	34.7	25.7	10.9	10.2	5.7	12.
1986	119.5	118.4	100.0	32.8	24.1	11.1	10.8	5.9	15.

* After expenses, before taxes.

Source: Socioeconomic Characteristics of Medical Practice, American Medical Association. February 1988

IX. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services.

MEDICAL ASSISTANCE PAYMENTS EXPENDITURES
(DOLLARS IN THOUSANDS)

	Fiscal Year 1985 (A)		Fiscal Year 1986 (A)		Fiscal Year 1987 (B)	
	Total payments computable for Federal funding	Net adjusted Federal share	Total payments computable for Federal funding	Net adjusted Federal share	Total payments computable for Federal funding	Net adjusted Federal share
TOTAL	$39,259,230	$21,483,416	$42,297,869	$23,500,148	$47,148,668	$26,261,997
Alabama	479,223	346,649	427,319	309,625	412,047	298,961
Alaska	64,367	33,558	82,487	43,056	106,535	56,887
American Samoa	3,193	1,150	3,193	1,150	3,393	1,150
Arizona	96,172	60,715	101,654	66,435	157,816	100,934
Arkansas	372,287	274,593	404,594	299,024	406,997	301,327
California	4,277,481	2,139,669	4,756,242	2,382,253	5,137,981	2,574,770
Colorado	321,742	161,692	314,119	157,159	420,998	210,522
Connecticut	579,879	288,617	672,678	336,891	730,783	366,063
Delaware	69,086	35,289	80,811	40,946	92,815	46,852
Dist. of Col.	306,035	153,278	311,842	156,279	357,595	179,125
Florida	955,498	556,965	1,022,953	574,780	1,211,310	680,864
Georgia	767,160	517,516	820,638	542,180	956,574	632,412
Guam	3,408	1,704	3,096	1,548	3,171	1,586
Hawaii	141,370	69,292	140,149	71,879	158,545	81,649
Idaho	74,865	50,450	81,987	56,963	90,930	64,824
Illinois	1,719,781	868,536	1,736,538	873,721	1,781,200	895,647
Indiana	736,148	442,502	861,763	542,692	911,566	574,450
Iowa	361,293	200,601	377,670	223,284	420,431	254,934
Kansas	261,208	133,152	273,980	137,595	295,054	152,111
Kentucky	554,396	392,324	557,073	392,069	629,948	44[illegible],371
Louisiana	738,700	474,455	805,478	515,282	866,308	569,940
Maine	247,181	174,846	257,999	177,941	298,106	2[illegible],620
Maryland	612,643	308,900	709,052	356,851	814,220	409,913
Mass. DPW	1,568,663	775,226	1,644,926	823,830	1,804,529	903,271
Mass. BLIND	30,519	15,299	37,320	18,660	41,048	20,524
Michigan	1,685,516	859,459	1,774,473	1,015,047	2,028,535	1,153,831
Minnesota	1,011,834	534,612	1,029,665	551,360	1,105,734	592,204
Mississippi	296,738	231,082	337,440	264,176	387,721	304,172
Missouri	556,111	349,653	572,765	348,158	643,300	390,941
Montana	97,824	63,275	116,309	77,856	148,087	100,162
Nebraska	168,173	96,311	188,899	108,223	216,646	126,175

MEDICAL ASSISTANCE PAYMENTS EXPENDITURES
(DOLLARS IN THOUSANDS)

	Fiscal Year 1985 (A)		Fiscal Year 1986 (A)		Fiscal Year 1987 (B)	
	Total payments computable for Federal funding	Net adjusted Federal share	Total payments computable for Federal funding	Net adjusted Federal share	Total payments computable for Federal funding	Net adjusted Federal share
Nevada	66,725	33,476	79,394	40,032	88,181	44,301
New Hampshire	118,387	70,192	142,694	78,770	145,496	80,094
New Jersey	1,165,491	585,473	1,285,345	646,139	1,437,335	721,374
New Mexico	153,390	106,380	171,540	119,588	193,907	136,855
New York	7,864,178	3,796,195	8,292,137	4,157,284	9,067,009	4,545,025
North Carolina	646,907	450,818	756,405	524,551	827,919	573,855
North Dakota	115,021	70,994	118,369	65,160	165,147	94,184
N. Marlana Isl.	817	419	989	495	908	454
Ohio	1,754,034	974,491	2,021,167	1,187,934	2,381,718	1,391,385
Oklahoma	467,869	274,339	479,605	277,078	537,788	323,859
Oregon	252,588	146,110	272,069	168,867	288,098	180,492
Pennsylvania	1,908,377	1,070,589	2,158,311	1,228,797	2,272,857	1,306,145
Puerto Rico	139,238	60,024	132,900	57,846	235,222	55,863
Rhode Island	259,318	147,655	271,486	153,127	296,443	167,212
South Carolina	355,941	261,345	400,590	291,344	440,746	320,878
South Dakota	94,559	65,267	103,386	71,301	116,507	80,781
Tennessee	614,041	435,090	730,439	513,394	846,436	595,241
Texas	1,475,372	804,280	1,551,578	833,475	1,930,434	1,067,507
Utah	142,608	101,139	184,709	134,273	189,626	138,987
Vermont	88,562	61,503	94,049	63,306	103,449	69,942
Virginia	557,804	316,204	612,261	326,237	687,501	365,947
Virgin Islands	4,150	1,806	4,150	1,806	4,127	1,806
Washington	620,111	310,602	653,774	329,407	795,574	420,298
West Virginia	179,523	126,825	211,843	151,642	280,921	203,968
Wisconsin	1,027,550	586,474	1,030,708	594,865	1,130,669	652,947
Wyoming	28,155	14,136	32,859	16,517	44,727	24,405

(A) SOURCE: LINE 11, Net Reported Expenditures, Form HCFA-64.
Net Adjusted Federal Share included HCFA adjustments.

(B) SOURCE: Form HCFA-25, Medicaid Program Budget Report,
State submitted estimates November 1987.

Source: HCFA/BPO

February 1988

MEDICARE ENROLLMENT/STATE

	July 1, 1986 Resident Population (in thousands)	July 1, 1986 Medicare Enrollees (in thousands)	Enrollees as Percent of Population
All Areas	N/A	31,750 1/	--
United States, Territories, and Possessions	244,646	31,499	12.9
United States	241,078	31,090 2/	12.9
Alabama	4,052	543	13.4
Alaska	534	19	3.6
Arizona	3,319	426	12.8
Arkansas	2,372	372	15.7
California	26,981	3,012	11.2
Colorado	3,267	314	9.6
Connecticut	3,189	444	13.9
Delaware	633	79	12.5
District of Columbia	626	79	12.6
Florida	11,675	2,068	17.7
Georgia	6,104	668	10.9
Hawaii	1,062	108	10.1
Idaho	1,002	120	12.0
Illinois	11,552	1,461	12.7
Indiana	5,504	711	12.9
Iowa	2,851	440	15.4
Kansas	2,460	347	14.1
Kentucky	3,729	501	13.4
Louisiana	4,501	494	11.0
Maine	1,173	172	14.7
Maryland	4,463	493	11.0
Massachusetts	5,832	835	14.3
Michigan	9,145	1,150	12.6
Minnesota	4,214	557	13.2
Mississippi	2,625	349	13.3
Missouri	5,066	745	14.7
Montana	819	108	13.2
Nebraska	1,598	229	14.3
Nevada	963	107	11.1
New Hampshire	1,027	127	12.4
New Jersey	7,619	1,039	13.6
New Mexico	1,479	156	10.6
New York	17,772	2,446	13.8
North Carolina	6,333	798	12.6
North Dakota	679	94	13.9
Ohio	10,752	1,438	13.4
Oklahoma	3,305	426	12.9
Oregon	2,698	384	14.2
Pennsylvania	11,888	1,849	15.6
Rhode Island	975	152	15.6
South Carolina	3,377	393	11.6
South Dakota	708	105	14.8
Tennessee	4,803	641	13.4
Texas	16,685	1,643	9.8
Utah	1,665	140	8.4
Vermont	541	70	13.0
Virginia	5,787	652	11.3
Washington	4,462	551	12.3
West Virginia	1,918	293	15.3
Wisconsin	4,785	674	14.1
Wyoming	507	46	9.1
Puerto Rico	3,274	398	12.2
Virgin Islands	110	6	5.8
Other Outlying Areas	184 3/	5	2.7

1/ Includes United States, Territories, Possessions, and residents of foreign countries.
2/ Includes enrollees with unknown State of residence.
3/ Excludes Freely Associated States.

NOTE: Resident population for July 1, 1986 is a provisional estimate.
Source: HCFA/BDMS and Bureau of Census

February 1988

MEDICAID RECIPIENTS/STATE

	July 1, 1986 Resident Population (in thousands)	FY 1986 Medicaid Recipients (in thousands)	Recipients as Percent of Population
All Reporting Medicaid Jurisdictions	241,275	22,518	9.3
United States	241,078	20,742	8.6
Alabama	4,052	316	7.8
Alaska	534	29	5.4
Arizona 1/	3,319	--	--
Arkansas	2,372	203	8.6
California	26,981	3,466	12.8
Colorado	3,267	149	4.6
Connecticut	3,189	217	6.8
Delaware	633	39	6.2
District of Columbia	626	98	15.7
Florida	11,675	588	5.0
Georgia	6,104	484	7.9
Hawaii	1,062	89	8.4
Idaho	1,002	40	4.0
Illinois	11,552	1,064	9.2
Indiana	5,504	298	5.4
Iowa	2,851	222	7.8
Kansas	2,460	131	5.3
Kentucky	3,729	415	11.1
Louisiana	4,501	446	9.9
Maine	1,173	125	10.7
Maryland	4,463	323	7.2
Massachusetts	5,832	529	9.1
Michigan	9,145	1,120	12.2
Minnesota	4,214	344	8.2
Mississippi	2,625	319	12.2
Missouri	5,066	360	7.1
Montana	819	52	6.3
Nebraska	1,598	102	6.4
Nevada	963	33	3.4
New Hampshire	1,027	35	3.4
New Jersey	7,619	581	7.6
New Mexico	1,479	92	6.2
New York	17,772	2,323	13.1
North Carolina	6,333	378	6.0
North Dakota	679	40	5.9
Ohio	10,752	1,079	10.0
Oklahoma	3,305	242	7.3
Oregon	2,698	163	6.0
Pennsylvania	11,888	1,099	9.2
Rhode Island	975	97	9.9
South Carolina	3,377	262	7.8
South Dakota	708	37	5.2
Tennessee	4,803	395	8.2
Texas	16,685	879	5.3
Utah	1,665	76	4.6
Vermont	541	50	9.2
Virginia	5,787	314	5.4
Washington	4,462	358	8.0
West Virginia	1,918	211	11.0
Wisconsin	4,785	409	8.5
Wyoming	507	21	4.1
Puerto Rico	3,274	1,762	53.8
Virgin Islands	110	14	12.7

1/ Arizona operates a medical assistance program under a Section 1115 Demonstration project.

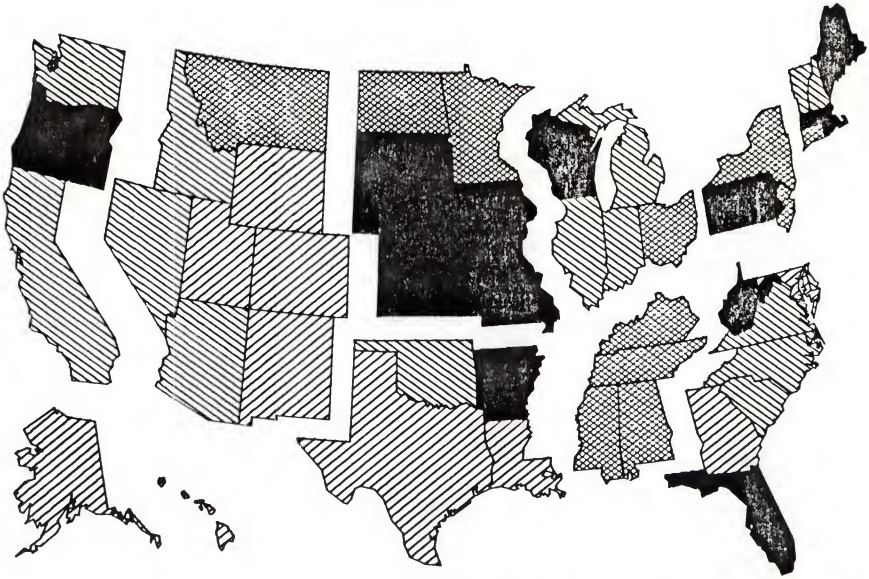
NOTE: Resident population for July 1, 1986 is a provisional estimate.

February 1988

Source: HCFA/OACT and Bureau of Census

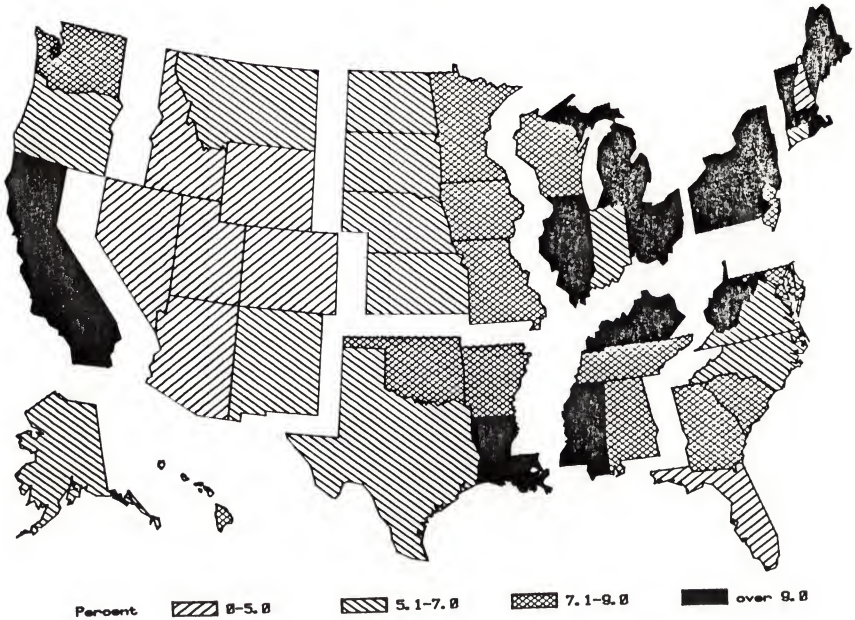
Medicare Enrollment as Percent of Population

July 1, 1986



Medicaid Recipients as Percent of Population

Fiscal Year 1986



MEDICARE PERSONS SERVED/STATE, CY 1985

Area of Residence	Aged: Persons Served (thous.)	Aged: Served per 1,000 Enrollees	Disabled: Persons Served (thous.)	Disabled: Served per 1,000 Enrollees
All Areas	20,345	722	1,943	668
United States	20,205	731	1,917	684
Alabama	349	745	44	674
Alaska	11	678	1	555
Arizona	281	758	23	642
Arkansas	232	715	27	636
California	1,983	746	199	743
Colorado	196	704	17	658
Connecticut	310	764	23	742
Delaware	53	771	5	707
District of Columbia	53	739	5	684
Florida	1,409	759	100	695
Georgia	421	743	62	717
Hawaii	67	709	5	677
Idaho	78	715	6	641
Illinois	920	693	77	672
Indiana	424	673	41	633
Iowa	290	715	20	669
Kansas	245	765	15	690
Kentucky	288	672	37	580
Louisiana	270	653	34	572
Maine	116	756	11	727
Maryland	332	758	30	718
Massachusetts	584	767	44	707
Michigan	812	804	90	751
Minnesota	321	625	24	666
Mississippi	208	700	30	643
Missouri	477	712	45	666
Montana	66	680	6	634
Nebraska	135	634	9	619
Nevada	62	688	6	679
New Hampshire	85	740	7	693
New Jersey	712	760	63	724
New Mexico	93	690	9	620
New York	1,686	765	159	717
North Carolina	497	728	61	675
North Dakota	64	731	4	714
Ohio	914	718	92	671
Oklahoma	261	678	20	582
Oregon	246	716	20	667
Pennsylvania	1,292	776	113	718
Rhode Island	112	829	10	718
South Carolina	224	681	33	639
South Dakota	67	694	4	612
Tennessee	376	679	50	667
Texas	1,019	693	82	628
Utah	90	713	6	647
Vermont	47	743	5	738
Virginia	412	730	49	695
Washington	359	731	29	680
West Virginia	172	692	25	615
Wisconsin	450	737	38	717
Wyoming	29	682	2	620
Puerto Rico	130	433	26	282
Other outlying areas	3	377	1/	317
Foreign Countries	7	29	1	51

1/ Less than 500.

NOTE: Preliminary data

Source: HCFA/BDMS

February 1988

NATIONAL/COMMUNITY HOSPITAL CARE BY STATE

	Admissions (in thousands)	Average Stay (days)	Occupancy Rate	Outpatient Visits (in thousands)
United States	32,379	7.1	64.3	231,912
Alabama	645	7.0	61.4	3,193
Alaska	42	5.8	57.5	296
Arizona	384	6.0	62.5	2,665
Arkansas	359	6.4	57.4	1,522
California	2,978	6.3	62.3	23,539
Colorado	356	6.8	59.2	3,002
Connecticut	376	7.1	72.5	3,239
Delaware	79	6.9	67.7	733
District of Columbia	168	7.9	77.5	940
Florida	1,652	7.0	62.2	8,598
Georgia	899	6.7	64.1	5,409
Hawaii	94	7.5	74.5	1,082
Idaho	106	6.5	55.1	903
Illinois	1,667	7.3	63.8	13,122
Indiana	740	6.6	58.0	6,230
Iowa	395	8.0	58.1	3,131
Kansas	320	7.6	54.0	2,434
Kentucky	589	6.4	63.1	3,356
Louisiana	679	6.2	57.6	4,026
Maine	155	7.7	66.6	1,491
Maryland	536	7.1	73.0	3,910
Massachusetts	814	7.7	68.7	8,626
Michigan	1,188	7.2	64.3	11,782
Minnesota	541	9.0	63.0	3,179
Mississippi	418	6.6	57.8	1,580
Missouri	782	7.4	62.7	4,465
Montana	111	9.0	58.2	512
Nebraska	217	8.9	56.0	1,391
Nevada	103	5.7	48.2	624
New Hampshire	122	6.4	64.2	1,190
New Jersey	1,085	7.4	74.8	7,037
New Mexico	160	5.6	59.9	1,332
New York	2,516	9.1	81.4	23,909
North Carolina	770	6.9	65.0	3,653
North Dakota	110	9.8	60.5	400
Ohio	1,606	6.9	63.5	12,971
Oklahoma	422	6.4	56.3	1,641
Oregon	316	5.3	54.9	2,611
Pennsylvania	1,862	7.5	69.9	15,626
Rhode Island	123	7.6	74.7	889
South Carolina	412	7.0	69.1	2,202
South Dakota	106	8.9	56.6	443
Tennessee	839	6.9	63.1	4,322
Texas	2,082	6.1	55.2	10,425
Utah	181	5.2	58.0	1,578
Vermont	62	8.5	68.2	429
Virginia	718	7.1	67.3	4,170
Washington	498	5.5	57.5	4,426
West Virginia	320	6.6	59.8	2,662
Wisconsin	614	7.7	60.5	4,603
Wyoming	60	6.9	50.4	413

Source: 1986 Annual survey data as reported in American Hospital Association's Hospital Statistics, 1987 Edition.

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MEDICARE/INPATIENT HOSPITALS BY STATE, 1987

	Short-Stay Hospitals	Beds per 1,000 Enrollees	Long-Stay Facilities	Beds per 1,000 Enrollees
All Areas	5,895	36.0	839	4.6
United States	5,833	36.0	837	4.6
Alabama	128	43.9	12	2.5
Alaska	22	87.8	2	15.4
Arizona	72	29.1	10	3.5
Arkansas	93	34.4	12	3.0
California	481	32.5	61	2.4
Colorado	80	38.9	14	8.2
Connecticut	36	27.9	17	9.9
Delaware	7	30.5	3	2.3
District of Columbia	11	68.2	4	16.2
Florida	226	29.1	48	2.0
Georgia	171	46.2	24	4.9
Hawaii	21	24.9	3	2.2
Idaho	46	26.5	8	3.2
Illinois	238	42.3	21	2.1
Indiana	119	39.0	26	2.1
Iowa	131	35.1	4	2.9
Kansas	143	40.5	12	6.3
Kentucky	105	39.2	11	4.1
Louisiana	152	55.7	25	8.2
Maine	45	29.5	4	3.9
Maryland	57	32.4	17	9.5
Massachusetts	114	33.5	45	10.7
Michigan	194	35.5	13	1.8
Minnesota	173	40.2	9	4.2
Mississippi	115	45.4	6	1.3
Missouri	144	40.8	24	3.4
Montana	63	34.2	2	0.6
Nebraska	99	37.8	7	3.4
Nevada	27	36.7	4	3.0
New Hampshire	28	27.1	5	4.9
New Jersey	99	32.1	24	4.9
New Mexico	48	35.6	11	4.7
New York	272	33.4	46	10.4
North Carolina	131	35.0	24	6.3
North Dakota	56	47.6	2	4.2
Ohio	191	40.1	33	4.7
Oklahoma	131	40.5	15	5.4
Oregon	73	25.9	9	5.2
Pennsylvania	229	28.8	51	5.3
Rhode Island	14	25.5	5	9.9
South Carolina	73	37.6	11	4.8
South Dakota	67	43.5	1	0.5
Tennessee	144	50.4	16	2.8
Texas	461	40.7	59	3.5
Utah	41	33.9	11	7.4
Vermont	16	32.8	1	2.4
Virginia	104	39.1	26	4.9
Washington	105	27.7	10	4.0
West Virginia	66	41.5	3	0.6
Wisconsin	144	34.5	22	3.4
Wyoming	27	42.7	4	4.4
Puerto Rico	58	33.1	2	1.6
Other outlying areas	4	85.2	0	0.0

(July 1987; Enrollment as of July 1, 1986)

February 1988

Source: HCFA/BDMS

MEDICARE SKILLED NURSING FACILITIES AND CERTIFIED BEDS/STATE, 1987

	Facilities	Beds		Facilities	Beds
All Areas	7,262	448,543	Missouri	165	5,110
United States	7,256	448,288	Montana	76	2,518
Alabama	190	10,492	Nebraska	26	1,112
Alaska	6	180	Nevada	26	2,253
Arizona	71	1,247	New Hampshire	19	363
Arkansas	41	1,393	New Jersey	170	14,300
California	1,021	69,146	New Mexico	19	451
Colorado	99	2,846	New York	562	76,436
Connecticut	178	19,285	North Carolina	187	9,971
Delaware	26	1,848	North Dakota	59	3,467
District of Columbia	7	474	Ohio	451	39,837
Florida	360	18,387	Oklahoma	20	392
Georgia	100	6,075	Oregon	67	1,384
Hawaii	26	1,756	Pennsylvania	527	29,337
Idaho	63	2,561	Rhode Island	67	2,062
Illinois	327	7,736	South Carolina	107	8,526
Indiana	210	10,186	South Dakota	12	247
Iowa	43	1,013	Tennessee	101	4,955
Kansas	49	1,134	Texas	237	8,569
Kentucky	98	3,767	Utah	54	875
Louisiana	60	4,451	Vermont	17	604
Maine	17	435	Virginia	84	2,183
Maryland	117	11,106	Washington	128	2,316
Massachusetts	132	6,942	West Virginia	40	3,191
Michigan	304	23,460	Wisconsin	155	5,526
Minnesota	317	15,854	Wyoming	11	196
Mississippi	7	333	U.S. Territories and Possessions	6	255

(July, 1987)

Source: HCFA/BDMS

February 1988

SNFs CERTIFIED FOR MEDICAID ONLY AND OTHER MEDICAID LONG TERM CARE FACILITIES/STATE, 1987

	Title 19 Only SNFs	Intermediate Care Facilities	Institutions for Mentally Retarded
United States	1,993	5,638	3,779
Alabama	2	17	8
Alaska	4	3	6
Arizona	--	--	--
Arkansas	128	93	9
California	163	44	220
Colorado	63	28	11
Connecticut	20	34	118
Delaware	3	8	9
District of Columbia	--	6	52
Florida	88	4	70
Georgia	187	37	11
Hawaii	1	9	7
Idaho	--	1	19
Illinois	173	255	112
Indiana	10	313	298
Iowa	2	415	21
Kansas	29	314	25
Kentucky	--	125	9
Louisiana	--	255	190
Maine	1	126	42
Maryland	--	82	9
Massachusetts	192	209	45
Michigan	7	126	252
Minnesota	63	114	360
Mississippi	130	19	11
Missouri	103	128	27
Montana	12	10	3
Nebraska	21	175	4
Nevada	--	4	3
New Hampshire	--	52	15
New Jersey	93	17	11
New Mexico	--	45	18
New York	2	39	745
North Carolina	--	50	51
North Dakota	--	23	66
Ohio	2	491	225
Oklahoma	1	360	20
Oregon	3	114	9
Pennsylvania	53	113	118
Rhode Island	--	39	107
South Carolina	1	26	75
South Dakota	56	47	18
Tennessee	--	178	8
Texas	2	775	226
Utah	--	35	12
Vermont	3	28	12
Virginia	--	100	17
Washington	127	29	39
West Virginia	--	67	11
Wisconsin	237	48	25
Wyoming	11	8	--

(July, 1987)

Source: HCFA/BDMS

February 1988

COMMUNITY HOSPITALS/STATE

	Hospitals	Beds	Beds per 1,000 Resident Population
United States	5,678	978,375	4.1
Alabama	129	20,113	5.0
Alaska	18	1,160	2.2
Arizona	62	10,116	3.0
Arkansas	92	10,891	4.6
California	474	82,378	3.1
Colorado	82	11,170	3.4
Connecticut	37	10,041	3.1
Delaware	8	2,195	3.5
District of Columbia	12	4,693	7.5
Florida	224	50,606	4.3
Georgia	163	25,720	4.2
Hawaii	18	2,586	2.4
Idaho	45	3,437	3.4
Illinois	234	52,334	4.5
Indiana	116	23,006	4.2
Iowa	128	14,818	5.2
Kansas	143	12,270	5.0
Kentucky	107	16,336	4.4
Louisiana	148	20,017	4.4
Maine	42	4,888	4.2
Maryland	54	14,396	3.2
Massachusetts	110	24,836	4.3
Michigan	187	36,409	4.0
Minnesota	163	21,292	5.1
Mississippi	108	13,098	5.0
Missouri	139	25,324	5.0
Montana	59	4,679	5.7
Nebraska	96	9,447	5.9
Nevada	21	3,364	3.5
New Hampshire	27	3,327	3.2
New Jersey	94	29,343	3.9
New Mexico	38	4,128	2.8
New York	254	77,294	4.3
North Carolina	130	22,431	3.5
North Dakota	52	4,898	7.2
Ohio	196	47,709	4.4
Oklahoma	117	13,146	4.0
Oregon	72	8,382	3.1
Pennsylvania	242	54,709	4.6
Rhode Island	14	3,440	3.5
South Carolina	71	11,430	3.4
South Dakota	56	4,568	6.5
Tennessee	143	25,086	5.2
Texas	466	63,430	3.8
Utah	41	4,406	2.6
Vermont	16	2,123	3.9
Virginia	99	20,614	3.6
Washington	103	12,984	2.9
West Virginia	63	9,648	5.0
Wisconsin	137	21,424	4.5
Wyoming	28	2,235	4.4

Source: 1986 Annual survey data as reported in American Hospital Association's Hospital Statistics, 1987 Edition.

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MEDICARE PART B/PARTICIPATING PHYSICIANS AND SUPPLIERS BY STATE

STATES	OCTOBER 1984 PERCENT	OCTOBER 1985 PERCENT	MAY 1986 PERCENT	JANUARY 1987 PERCENT
ALABAMA	50.2	50.1	54.9	59.5
PHYSICIANS/LLP'S**	54.4	58.2	63.0	68.8
SUPPLIERS	31.6	32.2	24.8	25.8
ALASKA	12.2	11.7	20.8	25.1
PHYSICIANS/LLP'S	9.9	10.4	22.6	27.1
SUPPLIERS	27.9	18.1	7.3	9.1
ARIZONA	16.7	16.1	18.0	27.0
PHYSICIANS/LLP'S	18.3	15.4	18.5	28.1
SUPPLIERS	23.0	22.7	13.7	15.2
ARKANSAS	41.9	41.4	33.3	39.5
PHYSICIANS/LLP'S	45.6	45.2	34.7	42.0
SUPPLIERS	26.5	26.0	26.4	27.0
CALIFORNIA	30.4	29.4	38.0	37.5
PHYSICIANS/LLP'S	31.0	30.0	39.7	38.9
SUPPLIERS	24.2	24.5	25.0	20.7
COLORADO	42.2	29.9	24.8	19.5
PHYSICIANS/LLP'S	38.9	26.1	24.4	19.5
SUPPLIERS	75.8	38.1	26.8	19.2
CONNECTICUT	25.8	22.9	19.7	17.8
PHYSICIANS/LLP'S	25.4	22.2	19.2	17.4
SUPPLIERS	27.6	27.1	24.1	21.3
DELAWARE	31.8	22.6	26.2	27.4
PHYSICIANS/LLP'S	34.3	23.9	29.7	31.2
SUPPLIERS	13.7	13.6	8.8	9.0
DISTRICT OF COLUMBIA	49.1	29.0	24.7	26.4
PHYSICIANS/LLP'S	53.3	30.5	26.0	28.0
SUPPLIERS	16.5	17.2	12.8	12.0
FLORIDA	24.4	24.0	20.3	21.1
PHYSICIANS/LLP'S	26.0	25.7	22.6	24.9
SUPPLIERS	16.1	16.5	13.6	9.6
GEORGIA	33.0	32.2	28.3	26.7
PHYSICIANS/LLP'S	34.0	33.1	27.9	25.8
SUPPLIERS	23.1	24.6	30.4	32.0
HAWAII	18.2	20.7	39.0	44.6
PHYSICIANS/LLP'S	18.2	20.6	41.7	47.8
SUPPLIERS	19.0	24.5	11.4	10.2

MEDICARE PART B/PARTICIPATING PHYSICIANS AND SUPPLIERS BY STATE

STATES	OCTOBER 1984 PERCENT	OCTOBER 1985 PERCENT	MAY 1986 PERCENT	JANUARY 1987 PERCENT
IDAHO	13.2	11.5	10.5	8.8
PHYSICIANS/LLP'S	12.7	11.0	10.3	10.4
SUPPLIERS	16.0	14.8	11.4	2.0
ILLINOIS	22.7	21.8	20.7	25.1
PHYSICIANS/LLP'S	24.2	23.1	21.8	26.7
SUPPLIERS	12.1	12.2	13.7	15.1
INDIANA	18.5	15.8	19.5	24.9
PHYSICIANS/LLP'S	19.4	18.2	21.4	26.9
SUPPLIERS	16.8	9.1	10.0	14.6
IOWA	34.4	29.4	35.8	24.7
PHYSICIANS/LLP'S	34.7	29.7	38.2	25.1
SUPPLIERS	33.6	28.7	27.4	23.5
KANSAS	49.6	42.5	37.5	47.9
PHYSICIANS/LLP'S	53.4	45.4	39.5	51.4
SUPPLIERS	36.8	29.4	21.8	26.6
KENTUCKY	23.7	24.2	25.5	32.9
PHYSICIANS/LLP'S	23.2	24.3	26.0	34.2
SUPPLIERS	23.7	23.1	16.2	24.8
LOUISIANA	27.1	17.7	13.8	18.2
PHYSICIANS/LLP'S	28.8	16.8	13.4	18.1
SUPPLIERS	16.3	12.0	16.5	19.6
MAINE	39.9	33.1	27.1	32.6
PHYSICIANS/LLP'S	35.2	35.4	28.5	34.2
SUPPLIERS	30.9	27.7	20.3	25.1
MARYLAND	30.3	30.5	28.0	28.8
PHYSICIANS/LLP'S	30.4	30.4	28.5	30.1
SUPPLIERS	29.7	30.7	24.9	20.1
MASSACHUSETTS	47.3	47.2	42.1	41.9
PHYSICIANS/LLP'S	48.2	48.1	43.0	43.8
SUPPLIERS	43.8	43.6	36.5	29.4
MICHIGAN	42.3	42.3	35.3	31.1
PHYSICIANS/LLP'S	44.2	44.0	37.1	32.7
SUPPLIERS	25.6	26.8	22.6	19.7
MINNESOTA	19.0	19.2	19.9	21.5
PHYSICIANS/LLP'S	18.6	18.5	20.7	22.4
SUPPLIERS	21.9	24.3	15.7	16.8

MEDICARE PART B/PARTICIPATING PHYSICIANS AND SUPPLIERS BY STATE

STATES	OCTOBER 1984 PERCENT	OCTOBER 1985 PERCENT	MAY 1986 PERCENT	JANUARY 1987 PERCENT
MISSISSIPPI	22.2	21.2	20.8	21.4
PHYSICIANS/LLP'S	20.4	19.1	22.8	23.6
SUPPLIERS	29.8	30.0	14.8	14.4
MISSOURI	32.1	32.7	23.1	23.6
PHYSICIANS/LLP'S	34.4	35.2	24.0	24.5
SUPPLIERS	18.3	17.7	16.0	14.9
MONTANA	18.8	22.1	13.2	15.5
PHYSICIANS/LLP'S	18.9	24.3	13.9	17.0
SUPPLIERS	18.7	17.0	11.2	11.3
NEBRASKA	25.7	21.3	22.1	24.5
PHYSICIANS/LLP'S	25.0	20.0	23.8	25.7
SUPPLIERS	27.6	24.2	19.3	22.0
NEVADA	32.7	20.4	25.4	32.0
PHYSICIANS/LLP'S	36.4	21.7	26.8	33.5
SUPPLIERS	9.7	11.9	11.7	15.7
NEW HAMPSHIRE	30.1	29.5	26.7	25.4
PHYSICIANS/LLP'S	27.2	26.9	27.2	25.9
SUPPLIERS	40.9	39.2	24.0	23.0
NEW JERSEY	20.0	18.2	20.2	22.1
PHYSICIANS/LLP'S	20.1	18.0	20.6	22.7
SUPPLIERS	19.8	19.0	18.5	18.9
NEW MEXICO	44.6	18.4	14.3	20.9
PHYSICIANS/LLP'S	48.0	17.7	13.8	20.8
SUPPLIERS	22.6	21.9	18.2	21.4
NEW YORK	22.9	21.6	20.3	24.5
PHYSICIANS/LLP'S	22.1	20.8	19.9	24.1
SUPPLIERS	28.2	27.4	23.9	28.4
NORTH CAROLINA	39.0	36.9	31.5	28.3
PHYSICIANS/LLP'S	41.5	39.1	34.3	31.4
SUPPLIERS	19.5	19.5	16.2	12.8
NORTH DAKOTA	12.8	13.0	13.4	17.6
PHYSICIANS/LLP'S	10.9	10.9	13.8	20.5
SUPPLIERS	18.8	19.4	12.2	11.4
OHIO	23.1	21.3	25.0	27.5
PHYSICIANS/LLP'S	23.6	21.7	26.4	28.9
SUPPLIERS	20.2	18.4	18.2	19.2

MEDICARE PART B/PARTICIPATING PHYSICIANS AND SUPPLIERS BY STATE

STATES	OCTOBER 1984 PERCENT	OCTOBER 1985 PERCENT	MAY 1986 PERCENT	JANUARY 1987 PERCENT
OKLAHOMA	12.8	14.1	14.5	17.9
PHYSICIANS/LLP'S	12.7	13.8	16.6	20.8
SUPPLIERS	14.8	17.2	7.1	7.4
OREGON	17.3	18.7	21.3	24.4
PHYSICIANS/LLP'S	17.4	18.5	22.8	26.1
SUPPLIERS	16.7	19.3	12.6	13.8
PENNSYLVANIA	47.9	47.2	42.7	35.6
PHYSICIANS/LLP'S	52.0	50.8	45.6	38.1
SUPPLIERS	25.1	26.9	24.3	19.5
RHODE ISLAND	42.0	43.0	43.2	45.1
PHYSICIANS/LLP'S	46.2	46.7	48.1	50.8
SUPPLIERS	23.0	24.0	19.2	15.5
SOUTH CAROLINA	16.0	17.3	15.6	22.7
PHYSICIANS/LLP'S	16.5	17.9	16.8	25.3
SUPPLIERS	8.7	9.3	9.6	11.0
SOUTH DAKOTA	10.7	10.3	8.9	12.2
PHYSICIANS/LLP'S	8.3	8.0	6.9	12.7
SUPPLIERS	16.4	15.3	12.0	11.3
TENNESSEE	27.3	22.3	34.2*	39.4
PHYSICIANS/LLP'S	26.9	21.1	37.4*	43.4
SUPPLIERS	29.2	28.2	19.5*	20.7
TEXAS	20.2	19.5	13.5	18.3
PHYSICIANS/LLP'S	20.4	15.7	14.1	19.4
SUPPLIERS	18.4	17.6	9.4	10.3
UTAH	31.4	29.1	34.0	39.8
PHYSICIANS/LLP'S	32.4	29.3	36.1	42.2
SUPPLIERS	25.9	28.2	21.0	23.8
VERMONT	40.9	40.2	37.6	33.6
PHYSICIANS/LLP'S	42.1	41.5	38.2	34.1
SUPPLIERS	36.7	35.7	32.9	29.4
VIRGINIA	28.1	28.2	28.6	32.4
PHYSICIANS/LLP'S	29.5	29.6	29.5	33.6
SUPPLIERS	19.0	19.2	21.4	22.6
WASHINGTON	26.6	23.0	22.1	27.0
PHYSICIANS/LLP'S	27.7	23.6	21.8	26.9
SUPPLIERS	19.2	19.0	25.1	27.7

*Based on revised data submitted by the carrier.
(Previously submitted 22.1, 22.4, 21.3)

MEDICARE PART B/PARTICIPATING PHYSICIANS AND SUPPLIERS BY STATE

STATES	OCTOBER 1984 PERCENT	OCTOBER 1985 PERCENT	MAY 1986 PERCENT	JANUARY 1987 PERCENT
WEST VIRGINIA				
PHYSICIANS/LLP'S	23.1	22.2	30.8	35.0
SUPPLIERS	23.6	22.9	33.0	37.5
	20.3	17.9	21.4	23.7
WISCONSIN				
PHYSICIANS/LLP'S	34.4	30.3	37.3	35.8
SUPPLIERS	35.4	31.0	37.5	35.1
	28.2	26.5	36.9*	38.0
WYOMING				
PHYSICIANS/LLP'S	26.2	18.8	15.8	18.1
SUPPLIERS	26.6	18.3	16.9	20.3
	22.9	21.8	12.2	11.3

*Based on revised data submitted by the carrier.
(Previously submitted 26.4)

**LLP: Limited License Practitioners

February 1988

Source: HCFA/BPO

MEDICARE PART B/ASSIGNMENT RATE BY CARRIER, FY 1987

CARRIER	ASSIGN RATE
TOTAL	71.7
BOSTON REGION	85.2
CONNECTICUT-TRAVELERS	69.7
CONNECTICUT GENERAL	68.6
MASSACHUSETTS B/S	
MASSACHUSETTS	95.7
TRI-STATE	70.5
MAINE	79.4
NEW HAMPSHIRE	59.5
VERMONT	69.4
RHODE ISLAND B/S	92.8
NEW YORK REGION	73.4
NEW JERSEY-PRUDENTIAL	65.0
N.Y.-BINGHAMTON B/S	75.9
N.Y.-NEW YORK B/S	75.0
NEW YORK-GROUP HEALTH	76.7
PUERTO RICO B/S	90.7
PUERTO RICO	90.7
VIRGIN ISLANDS	62.5
PHILADELPHIA REGION	84.0
MARYLAND B/S	83.1
PENNSYLVANIA B/S	87.8
DELAWARE	83.8
DISTRICT OF COLUMBIA	80.5
PENNSYLVANIA	88.9
PENNSYLVANIA-LAB.	100.0
VIRGINIA-TRAVELERS	69.0
WEST VIRGINIA-NATIONWIDE	75.9
ATLANTA REGION	70.3
ALABAMA B/S	80.7
FLORIDA B/S	67.1
GEORGIA-PRUDENTIAL	72.7
KENTUCKY B/S	69.5
MISSISSIPPI-TRAVELERS	73.5
NORTH CAROLINA-PRUDENTIAL	72.6
SO. CAROLINA B/S(NON-P&E)	88.0
SO. CAROLINA B/S(P&E)	98.6
TENNESSEE-EQUICOR, INC.	87.9

CARRIER	ASSIGN RATE
CHICAGO REGION	68.7
ILLINOIS B/S (HCSC)	64.1
INDIANA B/S	60.2
MICHIGAN B/S	89.0
MINNESOTA B/S	43.9
MINNESOTA-TRAVELERS	58.2
OHIO-NATIONWIDE	63.8
WISCONSIN B/S	58.9
DALLAS REGION	67.6
ARKANSAS B/S	77.6
LA.-ARK. B/S	70.0
NEW MEXICO-AETNA	65.1
OKLAHOMA-AETNA	55.1
TEXAS B/S	67.8
KANSAS CITY REGION	62.9
IOWA B/S	55.3
IOWA	56.5
NEBRASKA	53.0
KANSAS B/S	75.2
MISSOURI B/S	75.6
MISSOURI-GENERAL AMERICAN	59.2
DENVER REGION	56.0
COLORADO B/S	61.7
MONTANA B/S	47.3
NORTH DAKOTA B/S	47.2
NORTH DAKOTA	50.3
SOUTH DAKOTA	43.9
UTAH B/S	65.2
WYOMING-EQUICOR, INC.	41.2
SAN FRANCISCO REGION	73.7
ARIZONA-NEVADA-AETNA	63.2
ARIZONA	59.2
NEVADA	81.2
CALIFORNIA B/S	70.8
CAL.-OCCIDENTAL (NON-P&E)	79.1
CAL.-OCCIDENTAL (P & E)	98.7
HAWAII-AETNA	72.1

CARRIER	ASSIGN RATE
SEATTLE REGION	51.7
ALASKA-OREGON-AETNA	49.7
ALASKA	69.5
OREGON	49.0
IDAHO-EQUICOR, INC.	36.5
WASHINGTON B/S	55.4
CLALLAM	36.3
COWLITZ	61.3
GRAYS HARBOR	62.7
KING	55.1
KITSAP	41.9
PIERCE	54.9
SKAGIT	36.7
SNOHOMISH	52.8
SPOKANE	64.2
WALLA WALLA	41.2
WHATCOM	58.8
RRB-TRAVELERS	68.6
AETNA	58.9
EQUICOR, INC.	62.3
NATIONWIDE	65.5
PRUDENTIAL	69.3
TRAVELERS (RRB EXCLUDED)	68.8

* LESS THAN 0.05

Source: HCFA/BPO

February 1988

X. REFERENCE

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.

Medicare/Source of Income

HI Trust Fund

1. Payroll taxes *
2. Transfers from railroad retirement account
3. General revenue for
   a. uninsured persons
   b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments
6. Interfund loan repayment

* Contribution rate	
Employees and employers, each	1.45%
Self employed	2.90%
Maximum taxable amount (CY 1988)	$45,000

SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Source: HCFA/OACT

Medicaid/Financing

Federal Contributions:

1. Medical vendor payments	50-80%
2. Family planning services	90%
3. Administrative costs	50%
4. Development of management information systems	90%
5. Operation of management information systems	75%
6. Skilled nursing facility inspectors	
- Salaries, travel and training	75%
- All other costs	50%
7. Professional medical administrators	75%
8. State Medicaid fraud and abuse units	90%
9. PRO performance review	75%

Source: HCFA/BPO

February 1988

MEDICARE/COST SHARING AND PREMIUM AMOUNTS

	Hospital Insurance					Supplementary Medical Insurance				
	Hospital Insurance covers all expenses in "benefit period" except -							Monthly premiums		
		Inpatient hospital daily coinsurance								
Beginning-	Inpatient hospital deductible (IHD) covers first 60 days	61st through 90th days (1/4 x IHD)	Lifetime reserve days after 90 days (1/2 x IHD)	Skilled nursing facility daily coinsurance after 20 days (1/8 x IHD)	Hospital Insurance monthly premium 1/	Annual deductible	Coinsurance	For enrollee (aged and disabled) 2/	Government amounts for - Aged	Government amounts for - Disabled
	-Beginning January unless otherwise noted				-July	-Beginning July unless otherwise noted				
July 1966	$ 40	$10	3/	3/	-	$50	20%	$ 3.00	$ 3.00	-
1967	-	-	3/	$ 5.00	-	-	-	-	-	-
1968	-	-	$ 20	-	-	-	-	-	-	-
April 1968	-	-	-	-	-	4/	4/	4.00	4.00	-
1969	44	11	22	5.50	-	-	-	-	-	-
1970	52	13	26	6.50	-	-	-	5.30	5.30	-
1971	60	15	30	7.50	-	-	-	5.60	5.60	-
1972	68	17	34	8.50	-	-	-	5.80	5.80	-
1973	72	18	36	9.00	$33	60 5/	5/ 6/	6.30 7/	6.30	$22.70
1974	84	21	42	10.50	36	-	-	6.70	6.70	29.30
1975	92	23	46	11.50	40	-	-	-	8.30	30.30
1976	104	26	52	13.00	45	-	-	7.20	14.20	30.80
1977	124	31	62	15.50	54	-	-	7.70	16.90	42.30
1978	144	36	72	18.00	63	-	-	8.20	18.60	41.80
1979	160	40	80	20.00	69	-	-	8.70	18.10	41.30
1980	180	45	90	22.50	78	-	-	9.60	23.00	41.40
1981	204	51	102	25.50	89	8/ 9/	9/	11.00	34.20	62.20
1982	260	65	130	32.50	113	$75	10/	12.20	37.00	72.00
1983	304	76	152	38.00	11/	-	-	-	41.80	80.00
1984	356	89	178	44.50	155 5/	-	-	14.60 5/	43.80 5/	94.00 5/
1985	400	100	200	50.00	174	-	-	15.50	46.50	89.90
1986	492	123	246	61.50	214	-	-	15.50	46.50	66.10
1987	520	130	260	65.00	226	-	-	17.90	53.70	88.10
1988	540	135	270	67.50	234	-	-	24.80	74.40	72.40

1/ Voluntary participation of individual aged 65 and over not otherwise entitled to hospital insurance.
2/ Beginning July 1973 for the disabled.
3/ Benefit not provided.
4/ Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance.
5/ Beginning in January for current and succeeding years.
6/ Home health services not subject to coinsurance.
7/ Monthly premiums for July and August 1973 were reduced to $5.80 and $6.10, respectively, by the Cost of Living Council.
8/ Home health services not subject to deductible.
9/ Same as footnote 4, but only when physician accepts assignment.
10/ Effective October 1, 1982, professional inpatient services of pathologists and radiologists are subject to coinsurance and deductible.
11/ The Secretary of HHS promulgated a monthly premium of $132 for noninsured enrollees for the period beginning July 1983. However, P.L. 98-21 subsequently provided that the monthly premium of $113 for noninsured enrollees continue to apply until December 31, 1983.

MEDICARE DEDUCTIBLE AND COINSURANCE AMOUNTS

Part A (effective date)	Amount
Inpatient hospital deductible (1/1/88)	$540/benefit period
Regular coinsurance day (1/1/88)	$135/day for 61st thru 90th day
Lifetime reserve day (1/1/88)	$270/day (60 nonrenewable days)
SNF coinsurance day (1/1/88)	$67.50/day for 21st thru 100th day
Blood	first 3 pints/benefit period
Voluntary HI premium (1/1/88)	$234/month
Limitation: Inpatient psychiatric hospital days	190 nonrenewable days
Part B (effective date)	
Deductible (1/1/82)	$75 in reasonable charges/year
Blood	first 3 pints/ calendar year
Coinsurance	20% of reasonable charges
Premium (1/1/88)	$24.80/month
Limitations:	
Outpatient treatment for mental illness	$250 maximum annual program payment
Licensed physical therapist's services in home or office (1/1/82)	$400 maximum annual program payment

Source: HCFA/OACT

February 1988

MEDICARE ANNUAL MAXIMUM TAXABLE EARNINGS AND HI CONTRIBUTION RATES

Beginning	Annual Maximum Taxable Earnings	Contribution Rate 1/ (percent)
1966	$ 6,600	0.35%
1967	6,600	.5
1968	7,800	.6
1969	7,800	.6
1970	7,800	.6
1971	7,800	.6
1972	9,000	.6
1973	10,800	1.0
1974	13,200	.9
1975	14,100	.9
1976	15,300	.9
1977	16,500	.9
1978	17,700	1.00
1979	22,900	1.05
1980	25,900	1.05
1981	29,700	1.30
1982	32,400	1.30
1983	35,700	1.30
1984	37,800	1.30 (2.60 for self employed)
1985	39,600	1.35 (2.70 for self employed)
1986	42,000	1.45 (2.90 for self employed)
1987	43,800	1.45 (2.90 for self employed)
1988	45,000	1.45 (2.90 for self employed)
Changes scheduled in present law:		
1989 and later	Subject to automatic increase	1.45 (2.90 for self employed)

1/ Employer and employee (each) and self-employed persons through 1983.

Source: HCFA/OACT

February 1988

TITLE XIX
FEDERAL MEDICAL ASSISTANCE PERCENTAGES
FY 1986 - FY 1989

	FY 1986	FY 1987*	FY 1988	FY 1989
Alabama	72.30	72.41	73.29	73.10
Alaska	50.00	50.00	50.00	50.00
Arizona	62.28	62.28	62.12	62.04
Arkansas	73.83	74.02	74.21	74.14
California	50.00	50.00	50.00	50.00
Colorado	50.00	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00
Delaware	50.00	50.00	51.90	52.60
District of Columbia	50.00	50.00	50.00	50.00
Florida	56.16	56.16	55.39	55.18
Georgia	66.05	66.05	63.84	62.78
Hawaii	51.00	51.29	53.71	53.99
Idaho	69.36	71.08	70.47	72.71
Illinois	50.00	50.00	50.00	50.00
Indiana	62.82	62.92	63.71	63.71
Iowa	58.90	60.39	62.75	62.95
Kansas	50.00	51.39	55.20	54.93
Kentucky	70.23	70.75	72.27	72.89
Louisiana	63.81	65.77	68.26	71.07
Maine	68.86	68.86	67.08	66.68
Maryland	50.00	50.00	50.00	50.00
Massachusetts	50.00	50.00	50.00	50.00
Michigan	56.79	56.88	56.48	54.75
Minnesota	53.41	53.41	53.98	53.07
Mississippi	78.42	78.50	79.65	79.80
Missouri	60.62	60.62	59.27	59.96
Montana	66.38	67.44	69.40	70.62
Nebraska	57.11	58.06	59.73	60.37
Nevada	50.00	50.00	50.25	50.00
New Hampshire	54.92	54.92	50.00	50.00
New Jersey	50.00	50.00	50.00	50.00
New Mexico	68.54	69.68	71.52	71.54
New York	50.00	50.00	50.00	50.00
North Carolina	69.18	69.18	68.68	68.01
North Dakota	55.12	56.41	64.87	66.53
Ohio	58.30	58.30	59.10	58.98
Oklahoma	57.60	59.86	63.33	66.06
Oregon	61.54	62.47	62.11	62.44
Pennsylvania	56.72	57.28	57.35	57.42
Rhode Island	56.33	56.33	54.85	55.88
South Carolina	72.70	72.70	73.49	73.08
South Dakota	67.82	67.82	70.43	71.02
Tennessee	70.20	70.26	70.64	70.17
Texas	53.56	55.16	56.91	59.04
Utah	72.62	73.21	73.73	73.86
Vermont	67.06	67.37	66.23	63.92
Virginia	53.14	53.14	51.34	51.20
Washington	50.06	52.52	53.21	53.06
West Virginia	71.53	72.59	74.84	76.14
Wisconsin	57.54	57.58	58.98	59.31
Wyoming	50.00	54.20	57.96	62.61
Territories 1/	50.00	50.00	50.00	50.00

* Reflects "Hold harmless" provision of the Omnibus Reconciliation Act of FY 1986 (P.L. 99-509).

1/ Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico, and Virgin Islands.

NOTE: The Consolidated Omnibus Reconciliation Act of 1985 (P.L. 99-272) requires an annual calculation of the federal medical assistance percentages, effective for FY 1987 and thereafter.

February 1988

Source: HCFA/BQC

October 1, 1988

MEDICAID SERVICES STATE BY STATE

Optional Services in State Medicaid Programs

Medicaid recipients receiving cash assistance or supported financial assistance must receive at least these services:
- Inpatient hospital services
- Outpatient hospital services
- Rural health clinic services
- Other laboratory and X-ray services

health services for individuals [illegible] and older
- Early and periodic screening, diagnosis and treatment for individuals under 21
- Family planning services and supplies
- Physician services
- Nurse-midwife services

Medicaid programs [illegible] services [illegible] by including people eligible for financial assistance for [illegible] but not for financial assistance [illegible] group. States may offer the services required for financial assistance

Definitions [illegible] services vary from State to State. Details are available from local welfare offices and State Medicaid agencies.

U.S. Department of Health & Human Services

SOCIAL SECURITY CASH BENEFITS
AVERAGE RETIRED WORKER'S BENEFIT (INDIVIDUALS)

Average Monthly Benefit		Statutory and Automatic Increase	
Year	Amount1/	Effective Date	Percentage Increase
1970	$118	1/70	15.0
1971	132	1/71	10.0
1972	162	9/72	20.0
1973	166		
1974	188	6/74	11.0
1975	207	6/75 2/	8.0
1976	225	6/76	6.4
1977	243	6/77	5.9
1978	263	6/78	6.5
1979	294	6/79	9.9
1980	341	6/80	14.3
1981	386	6/81	11.2
1982	419	6/82	7.4
1983	441	12/83	3.5
1984	461	12/84	3.5
1985	479	12/85	3.1
1986	488	12/86	1.3
1987	513	12/87	4.2

1/ As of December of each year.
2/ Increases as of 6/75 through 6/82 were automatic in June of each year.

February 1988

Source: SSA/OACT